DOCUMENT RESUME

ED 385 044 EC 304 077

AUTHOR	Perlman, Leonard G., Ed.; Hansen, Carl E., Ed.
TITLE	Vocational Rehabilitation: Preparing for the 21st Century. A Report on the Mary E. Switzer Memorial Seminar (18th, Alexandria, Virginia, September 19-21, 1994). Switzer Seminar Series. Switzer Monograph, 18th Edition.
INSTITUTION	National Rehabilitation Association, Alexandria, Va.
PUB DATE	Mar 95
NOTE	98p.
PUB TYPE	Collected Works - Conference Proceedings (021)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	Change Strategies; *Disabilities; *Education Work Relationship; Employed Women; Employment Opportunities; Employment Projections; *Employment Services; Federal Legislation; Federal Programs; Federal State Relationship; *Futures (of Society); Independent Living; Job Training; Legal Responsibility; *Rehabilitation Programs; Standards; State Programs; Technological Advancement; Trend Analysis; Unions; *Vocational Rehabilitation

ABSTRACT

This monograph on vocational rehabilitation programs and future directions contains papers from the 1994 Switzer Seminar. Contents are as follows: "State/Federal Program Issues and Trends" (Nell C. Carney); "Consumerism and Choice: Basic Standards for Judging Efforts and Expectations in the Vocational Rehabilitation Process" (Patricia A. Morrissey); "The Information Age: What It Means for Business and Vocational Rehabilitation" (Debra A. Perry); "Vocational Rehabilitation: Preparing for the 21st Century--A Labor Perspective" (Angela Traiforos); "Rehabilitation Education in the 21st Century" (Daniel C. McAlees); "Providers of Rehabilitation Services" (Patrick W. McKenna); "The Role of the Rehabilitation Facility in the 21st Century" (Kenneth J. Shaw); "Women and Vocational Rehabilitation: An Urgent Need for New Directions" (Margaret A. Nosek); "Rehabilitation as a Knowledge Business" (Jon Lundin); "Independent Living and Disability Culture Perspective" (Paul Spooner); and "The Voice of the Special Group" (Ruth Royall Hill). Also included are recommendations from the seminar and reflections of current and retired rehabilitation leaders on the past, present, and future of the field. (Some individual papers contain references.) (SW)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it
☐ Minor changes have been made to improve reproduction quality
● Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

ED 385 044

Vocational Rehabilitation: Preparing for the 21st Century

A Report on the 18th Mary E. Switzer Memorial Seminar

Edited by
Leonard G. Perlman and Carl E. Hansen

EC 304077

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
D. Weiss
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

A Memorial Tribute To James R. Burress, Jr.

On November 4, 1994 the rehabilitation community lost a giant of a person, a leader, teacher and philosopher. A humble individual who helped countless persons both here and abroad, yet one who always kept things in perspective. His tribute in this monograph is most appropriate because of his significant relationship with Mary Switzer that began in 1951. Dr. Burress who worked at the Washington, D.C. Rehabilitation Service Agency, provided an orientation to Miss Switzer, who was then recently appointed as Director of the Office of Vocational Rehabilitation (later to become the Rehabilitation Services Administration). Burress stated, "She had only one question for me in our first meeting, 'What does a rehabilitation counselor do and how do you do it?' Two hours later we were still talking." The [illegible] Rehabilitation histor

greatness, even though there were times when success in life might not have seemed possible. To quote from an article in the *Journal of Rehabilitation* (1984), There seems to be little doubt about his success as we look back on the life of a determined and dedicated person.

- We are talking of a man who broke the color barrier, if in fact there was one in rehabilitation.
- We are talking of one who was allowed to flex his wings and try out his ideas of rehabilitation.
- We are talking about one who was selected to be at the heart of the Civil Rights investigations in the 1960s. He was the only person from the rehabilitation field chosen, an impressive testimony to the respect he had earned.
- We are talking about a person who served the NRA as a goalsetter for well over three decades as President and as a volunteer.

What amazes one is that Dr. Burress had every chance to be a failure in life...but he chose to thumb his nose at adversity from the time he was two years old, when polio struck him and left him with a physical impairment for the rest of his life. "There's one problem with that theory" Burress stated, "I never figured I was disabled. I did everything the other kids did. Sure, I had a withered right arm and leg, so I became the best left-handed pitcher in the sand-lot teams in Akron, Ohio. I played basketball, tennis and golf. I did it that way because I had very wise and caring parents who encouraged me at everything there was to do."

Dr. Burress was a trailblazer and innovator in vocational rehabilitation and gained both a national and international reputation for his leadership qualities as well as his warm and human approach to

Colorado office). He also served as Acting U.S. Commissioner of the Rehabilitation Services Administration (RSA) in 1973-1974. After retirement from RSA in 1976, he became Executive Director of the People-to-People: Committee for the Handicapped where he promoted international attention to the needs of persons in several countries including Europe, Africa, South America, and the Middle East. He also served in the capacity as a U.S. Representative in numerous international conferences in rehabilitation and social welfare issues. He has made extensive studies of service programs for persons with disabilities in developing countries.

Dr. Burress received his doctorate in Rehabilitation Counseling from the University of Northern Colorado, a master's degree in Social Work from Columbia University in New York, a bachelor's degree from North Carolina Agricultural & Technical College. He was a member of Omega Psi Phi fraternity. He has received numerous awards and honors during his memorable career

including the Distinguished Service Award, the highest honor given by the Secretary of Health, Education and Welfare in 1970, NRA's Mary Switzer Award naming him a Switzer Scholar in 1974, and the Special Award of Merit from the President's Committee on Employment of People With Disabilities

tal in the development of the Switzer Memorial Seminars and was on the initial Switzer Memorial Committee and served on the first ten annual Switzer Seminar planning committee meetings. He was a person of vision and compassion who always gave freely of himself for the benefit of others. Rehabilitation was a natural career for him and it fit him so well.

He made friends easily in both the U.S. and overseas with rehabilitation personnel and heads of state. He was an ambassador of goodwill and a model for many over his long and productive life.

Those that knew him could not help but to admire him and his imprint on the Field of Rehabilitation will always be with us in the most positive sense of the word.

Our sympathy goes to his wife Constance G. Burress, son Melvin L. Burress, daughters Cynthia Burress Turner, and Peggy J. Burress, Step-daughter Julie R. Gough, and three grandchildren.

National Rehabilitation Association
633 South Washington Street
Alexandria, Virginia 22314
(703) 836-0850 Voice
(703) 836-0848 FAX
(703) 836-0849 TDD

Editors
Leonard G. Perlman
Carl E. Hansen

NRA Director of Communications
Ronald J. Acquavita

The Switzer Scholars

Tommy H. Allen
Donald Dew
Jack P. Hackett
Phil Kosak
Jon Lundin
Ruth Royall-Hill
Paul W. Spooner
David R. Ziskind
Judy Norman-Nunnery
Jennie R. Joe
Lawrence Gloeckler
Yvonne Johnson
W. Kenneth Tregenza, Jr.
Nell C. Carney
Daniel C. McAlees
Patrick W. McKenna
Patricia A. Morrissey
Debra A. Perry
Kenneth J. Shaw
Angela Traiforos

The *Switzer Monograph* reflects the writings, discussions and recommendations of the Switzer Scholars at the 18th Annual Mary Switzer Memorial Seminar, held Sept.19-21, 1994, in Alexandria, Virginia. Opinions expressed in the *Switzer Monograph* are those of the writers and do not necessarily reflect policy of the of the National Rehabilitation Association or any other organization.

The National Rehabilitation Association is a non-profit organization dedicated to improving the quality of life for people with disabilities.

Published March 1995. To order previous editions of the *Switzer Monograph*, contact the National Rehabilitation Association at (703) 836-0850.

Vocational Rehabilitation: Preparing for the 21st Century

Welcome ***4***
From the Commissioner ***5***
The Switzer Scholars ***6***
Introduction ***8***

Chapters

State/Federal Program Issues and Trends ***10***
Nell C. Carney

Consumerism and Choice: Basic Standards for Judging Efforts and Expectations in the Vocational Rehabilitation Process ***16***
Patricia A. Morrissey

The Information Age: What it Means For Business and Vocational Rehabilitation ***24***
Debra A. Perry

Vocational Rehabilitation: Preparing For The 21st Century - a Labor Perspective ***37***
Angela Traiforos

Rehabilitation Education in the 21st Century ***43***
Daniel C. McAlees

Providers of Rehabilitation Services ***55***
Patrick W. McKenna

The Role of the Rehabilitation Facility in the 21st Century ***62***
Kenneth J. Shaw

Seminar Recommendations ***71***

Special Invited Papers

Women and Vocational Rehabilitation: An Urgent Need for New Directions ***74***
Margaret A. Nosek

Rehabilitation as a Knowledge Business ***77***
Jon Lundin

Independent Living and Disability Culture Perspective ***80***
Paul Spooner

The Voice of the Special Group ***82***
Ruth Royall Hill

Switzer Through The Years ***83***
The Experiment: A Mini Switzer Seminar ***92***
NRA Board of Directors/Staff Directors ***93***
Mary E. Switzer (Brief Biography) ***94***
Monograph Order Form ***95***

Welcome

Switzer Committee Chairman, Carl E. Hansen, with NRA Executive Director, Ann W. Tourigny, and NRA President, Tommy H. Allen

> *"While we now face the challenge of success in rehabilitation, we cannot meet the challenge of success simply by doing more of the same, in the same way. The great question is how can we develop new, faster and more effective methods of delivering services, and yet retain the principles which have made our work distinctive and successful."*
>
> **Mary E. Switzer**
> **Excerpt from an address given at an NRA conference in 1965**

Vocational Rehabilitation: Preparing for the 21st Century is a timely topic and it comes to us as we begin to celebrate the 75th anniversary of Vocational Rehabilitation in America. I am extremely pleased to write these opening remarks for the monograph of the 18th Mary E. Switzer Memorial Seminar for a few good reasons. First the name Switzer and rehabilitation go hand-in-hand, secondly her innovations in rehabilitation were legendary. The fact is that the development and growth in programs as we know them today had their roots in the work that Mary Switzer was able to accomplish. Politicians of both major parties listened to Mary Switzer and she proved to them the nonpartisan nature and worth of rehabilitation.

It was 1920 when the Smith-Fess Act (the Vocational Rehabilitation Act) first authorized vocational guidance, occupational adjustment, and placement services for civilians with physical disabilities. How far we have come since those early days is amazing, and has provided a record that all of us who toil in the field of rehabilitation can be proud. We certainly have had our critics over the years, but vocational rehabilitation has weathered many storms and has evolved into a respected professional endeavor. No one can dispute the importance of what we do as we assist people with disabilities in their quest for independence.

Mary Switzer stated, "that while we now face the challenge of success in rehabilitation, we cannot meet the challenge of success simply by doing more of the same, in the same way. The great question is how can we develop new, faster and more effective methods of delivering services, and yet retain the principles which have made our work distinctive and successful." This was excerpted from an address that Ms. Switzer delivered at an NRA conference in 1965. Her question is still appropriate today as we stand at the threshold of a new century.

Let's continue to work together as we plan for the future.

Tommy H. Allen
President

The Eighteenth Mary Switzer Memorial Seminar is dedicated to examining one of the most complex and consequential issues in society - the future course for vocational rehabilitation. As we prepare for the 21st century, the deliberations conducted within this seminar and presented in this monograph will provide guidance for the pathways chosen by policy-makers, administrators, "front-line" providers, and consumers of rehabilitation services.

Vocational rehabilitation has a long and rich history and has enhanced the lives of persons with disabilities for the past 75 years. We are now in the final decade of the 20th century. The pathway chosen now will have an impact on the lives of persons with disabilities well into the 21st century. NRA is proud to assume leadership in researching and deliberating the intricacies of the issues involved in vocational rehabilitation in the 21st century through the forum of the Switzer Memorial Seminar.

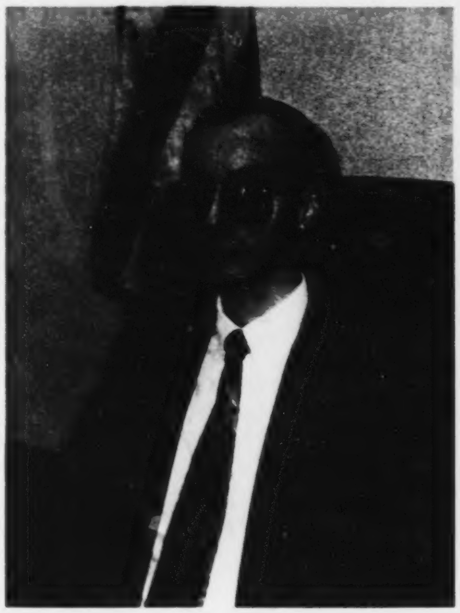
Ann W. Tourigny
Executive Director

Comments from the RSA Commissioner

"Vocational Rehabilitation: Preparing for the 21st Century" is a most timely topic for the Mary Switzer Memorial Seminar. Diminishing federal and state resources are driving current debates on streamlining and consolidating various government entitlement and training programs. Programs emerging from these debates will undoubtedly change the nature of the federal-state-private partnership. As we prepare for the 21st century, our challenge will be to make changes in a manner that supports the opportunities promised earlier in this decade by the passage of the Americans with Disabilities Act and the 1992 Amendments to the Rehabilitation Act.

To meet this challenge, we will need to change our thinking. Instead of developing more programs, we must develop better programs. We must shift from the concept of services integration to the concept of systems integration. Programs of "packaged" services must become an array, or continuum, of services. Specific rehabilitation techniques and technology that enable individuals with disabilities to prepare for and enter into employment must be incorporated into general training and employment settings. Consumers and service providers need to be equally integrated into the information age.

This monograph is important in helping the field of vocational rehabilitation plan for the future.



Frederic K. Schroeder, Ph.D.
Commissioner
Rehabilitation Services Administration
U. S. Department of Education

The Seminar Sponsors

The support of the following sponsors is deeply appreciated:

The Dole Foundation for
Employment of People with Disabilities
Washington, D.C.

E.I. Dupont de Nemours and Company
Wilmington, Delaware

Hester Evaluation Systems, Inc.
Topeka, Kansas

National Rehabilitation
Counseling Association
Manassas, Virginia

Vocational Evaluation &
Work Adjustment Association
Alexandria, Virginia

UNUM Life Insurance Company of America
Portland, Maine

United Rehabilitation Services, Inc.
Wilkes-Barre, Pennsylvania

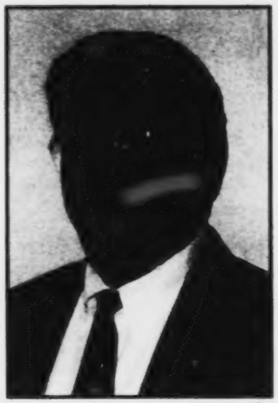
Anthony Bird & Associates
Springfield, Virginia

Elizabeth P. Dixon
AT&T, Morristown, New Jersey

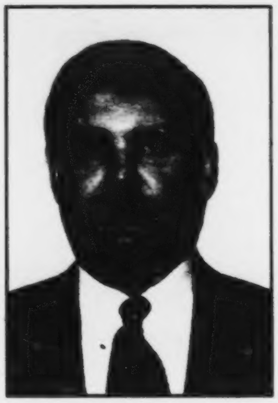
Dr. Carl E. Hansen
Past President, National Rehabilitation Association
Austin, Texas

Jeffrey J. Peterson, CIRS
Sulphur, Louisiana

Paul W. Spooner
Executive Director, Metro West Center
for Independent Living
Framingham, Massachusetts



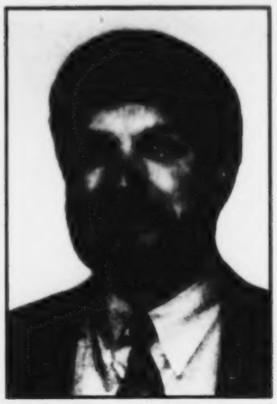
Tommy H. Allen
Assistant Regional Dir.
Vocational Rehab. Services
State of North Carolina



Dr. Donald Dew
Director, RRCEP
George Washington Univ.
Washington, D.C.

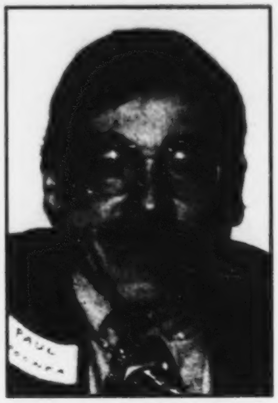
Jack P. Hackett
NRCA President-Elect
West Des Moines, Iowa

Phil Kosak
Vice President
Carolina Fine Snacks
Greensboro, NC



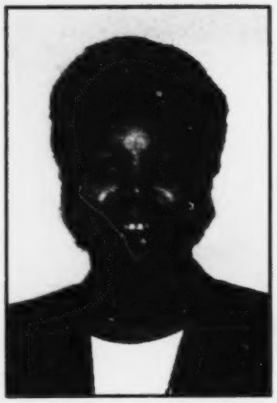
Jon Lundin
President, Abilities Ctr.
Goodwill Industries
Rockford, Illinois

Ruth Royall-Hill
Administrator
RSA
Washington, D.C.

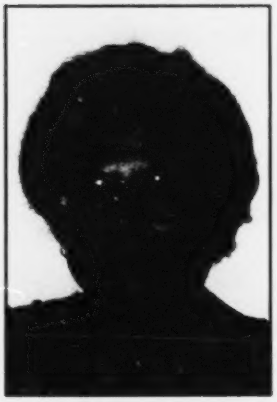


Paul W. Spooner
Executive Director
Metro West Ctr. for Ind. Living
Framingham, MA

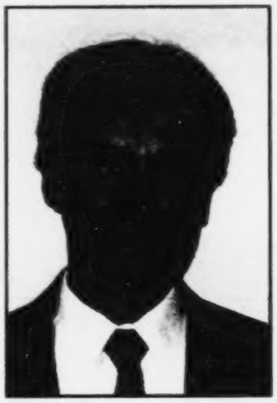
David R. Ziskind
Director, State Grants
RSA/OSERS
Washington, D.C.



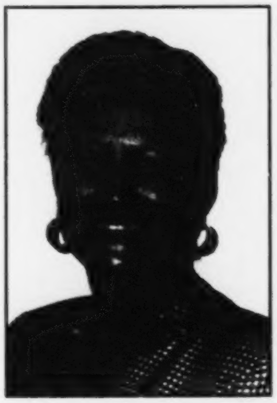
Judy Norman-Nunnery
Administrator
Division of Voc. Rehab.
Madison, Wisconsin



Jennie R. Joe
Director
Native Am. R&T Ctr.
Tucson, Arizona



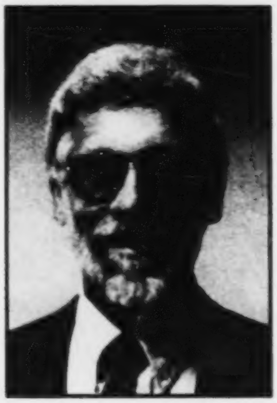
Lawrence Gloeckler
State Director
NYS Ed. Dept. (VESID)
Albany, New York



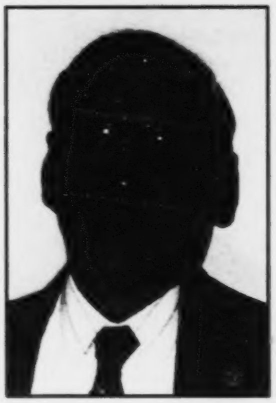
Yvonne Johnson
State Director
Div. of Rehab. Services
Atlanta, Georgia

W. Kenneth Tregenza, Jr.
Administrator, Emp. Rel.
General Motors Corp.
Detroit, Michigan

Nell C. Carney
Executive Director
Dept. of Rehab. Services
Jackson, Mississippi



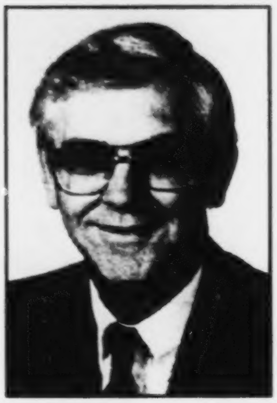
Daniel C. McAlees
Director, R&T Center
Univ. of Wisconsin-Stout
Menomonie, Wisconsin



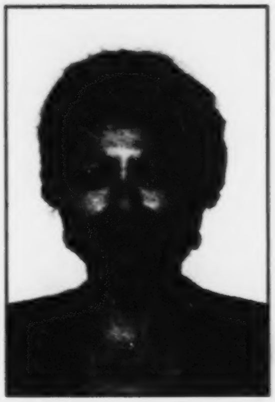
Patrick W. McKenna
Deputy Director
Div. of Rehab. Services
Baltimore, Maryland

Patricia A. Morrissey
Staff Dir., U.S. Senate
Comm. on Disability Pol.
Washington, D.C.

Debra A. Perry
Perry, Winans & Co.
Washington, D.C.



Kenneth J. Shaw
Division Director
Goodwill Ind. Int'l, Inc.
Bethesda, Maryland



Angela Traiforos
Executive Director
IAM CARES
Upper Marlboro, Maryland

Mary E. Switzer Memorial Planning Committee

Donald Dew, Director, RRCEP, George Washington University
Ralph Pacinelli, Commissioner, RSA, Regions III & IV
Ruth Royall-Hill, Administrator, D.C. RSA, Washington, D.C.
David Sharp, Executive Director, Independence Center of Northern Virginia
Ken Shaw, Director, Research & Program, Goodwill International, Inc.
Dick Sheppard, President's Committee on Employment of People with Disabilities
J. Paul Thomas, NIDRR, U.S. Department of Education
Angela Traiforos, National Director, IAM CARES
Charles Richmond, President, Occupational Center of Northern Virginia
Carl Hansen, Chairperson, Switzer Memorial Seminars, NRA
Leonard Perlman, Coordinator, Switzer Memorial Seminars, NRA
Ann W. Tourigny, Executive Director, NRA

Introduction

Carl E. Hansen
Chairperson,
Mary E. Switzer
Memorial Committee

Leonard G. Perlman
Coordinator,
Mary E. Switzer Memorial
Seminars and Monographs

> *"We cannot meet the challenge of success simply by doing more of the same, in the same way. The great question is how we can develop new, faster, and more effective methods of delivering services, yet retain the principles which have made our work distinctive and successful.*
>
> *For one thing, we cannot continue to pick and choose among the large number of disabled people who need services... The public program of vocational rehabilitation is going to be 'used,' in the sense that we will be expected to fit ourselves into programs with larger national, state, and local objectives. These and many other evolving changes call for a sharp new look at how we conduct this phase of the public's business."*

Mary E. Switzer, 1965

The above words were spoken by the late Mary E. Switzer at the National Rehabilitation Association (NRA) annual convention in 1965. Actually, her entire speech could have been written in 1990s and it is a prophetic declaration of where rehabilitation needs to be in the national scheme of things. The 18th Switzer Memorial Seminar comes at a time when we are celebrating the 75th anniversary of the Vocational Rehabilitation Act in the United States (it was signed into law on June 2, 1920). As we prepare for the 21st century the focus of this year's seminar looked at the vocational rehabilitation program with an eye to the future. One thing that became clear from the seminar was that rehabilitation is not a static entity but a dynamic and often fast-paced program that must, at once, accommodate a number of publics, philosophies, interest groups and weave this into the political landscape, which can change at an instant. To our knowledge, the vocational rehabilitation program is one of the longest running state-federal programs and continues to be viable and very important in its mission. To have continued for 75 years and been upheld by government administrations, both Republican and Democrat, is a testament to the need that exists in serving persons with disabilities.

The Switzer Memorial Seminars, while keeping the name of Mary Switzer alive also provides a vehicle by which new ideas and innovations can be discussed by multidisciplinary experts from various settings including the business and labor sectors. The results of the current seminar will be widely distributed and utilized for its ideas and recommendations covering such areas as research, program development, service delivery, policy issues and legislation.

It has been over 18 years since the first Switzer Memorial Seminar and our aim has been not only to keep up with the latest trends in rehabilitation, but to help set the course and direction for needed change in this dynamic and human oriented field. Preparing for the 21st Century is the topic and in reading the chapters of this monograph you will note, not only the vast array of accomplishments that we can take pride in, but also the number of innovations that need to be developed in order to meet the demands of the future.

As Dr. Nell C. Carney (Switzer Scholar) noted in chapter one of this monograph, "For seventy-four years, from one generation to the next, from one reauthorization of the Rehabilitation Act to the next, public rehabilitation has grown and expanded, become more responsive and met the challenges of change. Like education, adequate and responsive public rehabilitation is a debt owed by present to future generations of Americans with disabilities. The torch will continue to be passed from one generation to the next. And each new generation will find its own leadership, address new issues, set new trends, meet new challenges. But public rehabilitation will continue because it provides the help and hope necessary for the achievement of independence and dignity for Americans with disabilities."

It is the hope of the Switzer Scholars that the ideas and recommendations found in this monograph of the 18th Switzer Memorial Seminar will stimulate discussion, thinking and action as we prepare for the future and the challenges awaiting us in the provision of meaningful services to people with disabilities in their quest for independence.

Background and Purposes of the Switzer Memorial Seminars

The Switzer Memorial Seminars, a program of the National Rehabilitation Association (NRA), is designed to bring together a small number of experts in the area of rehabilitation that is the focus of each year's seminar. The experts are designated as **Switzer Scholars** by certificate, and this recognition has become a significant and prestigious achievement for those involved in vocational rehabilitation both nationally and internationally.

The end-product of the three-day think tank session is a published monograph of the proceedings, including recommendations and implications for action in such areas as research, program and policy development, training, service delivery and legislation. Special invited papers are also included by those persons who may not have been at the seminar, but who may have valuable input to the current topic.

The format of the monograph is designed for use by rehabilitation counselors, policy-makers, employers, consumers or anyone interested in rehabilitation and the independence of persons with disabilities.

The seminars are a living memorial tribute to the late Mary E. Switzer, one of America's foremost leaders and trailblazer for innovative programs at the national, state and local levels for people with disabilities. The Switzer Memorial Committee of NRA was started by colleagues and friends of Mary Switzer, including NRA members, members of the U.S. Congress, Secretaries of the U.S. Department of Health, Education and Welfare, Department of Labor, and Department of Education, as well as private citizens who knew of the work and mission of Mary Switzer.

The Current Switzer Seminar

The 18th Mary Switzer Memorial Seminar was held in Alexandria, Virginia, on September 19-21, 1994. Welcomes were provided by Carl E. Hansen, Chairperson, Switzer Memorial Committee (NRA) and Ann W. Tourigny, Executive Director, NRA.

Planning for the 18th seminar took place in February 1994, at the President's Committee on Employment of People with Disabilities where the Planning Committee developed the objectives of the seminar and provided the format and subtopics. The subtopics served as the foundation for the three days of deliberations that have become the hallmark of the Switzer Memorial Seminars. The papers especially written for the seminar were sent in advance to the Switzer Scholars for their review and critique. The comments and recommendations made by the Switzer Scholars are found in the monograph.

Acknowledgements

The 18th Mary E. Switzer Memorial and Monograph of the proceedings were made possible by a number of people and organizations committed to the independence and employment of people with disabilities.

Thanks to: The Switzer Memorial Committee, Ann Ward Tourigny, Ph.D.,CAE, Executive Director of NRA for her support throughout this project, Ronald J. Acquavita, Director of Communications (NRA), and the NRA staff who helped with many of the essential details of the seminar.

Gratitude is expressed to Rick Douglas, Executive Director of the President's Committee on Employment of People with Disabilities for hosting the planning meeting and Paul Hippolitus, Director of Program for the Committee for his liaison efforts.

Appreciation is expressed to all of the sponsors who helped make the 18th Seminar a reality through their generosity.

Our gratitude must go the Switzer Scholars for giving so freely of their time and expertise, and whose ideas and recommendations are presented in this monograph. Congratulations to the Scholars for their dedication, commitment and their continued work in their respective areas of endeavor.

State/Federal Program Issues and Trends

Nell C. Carney

From the beginning of a national effort in 1920 through today, the state-federal vocational rehabilitation program has been distinguished by a number of unique characteristics found in no other human services endeavors known to us. There is no doubt these unique characteristics account for the overall, enduring success of the public rehabilitation program.

Public vocational rehabilitation has always been oriented to one primary goal—integrated competitive employment for individuals with disabilities. Remaining keenly focused on this single goal has maintained program integrity and assured federal and state financial and political support for a service delivery system that has consistently demonstrated economic and social value to our society.

A unique case management system that is focused on individual assets and limitations has created unparalleled training programs in adjustment to physical and mental disabilities as well as training in a broad spectrum of vocational pursuits. The end result has been and is involvement of individuals with disabilities in every vocational endeavor known to our society with full participation in the family and full integration into the community.

The legislation authorizing the state-federal vocational rehabilitation program, The Rehabilitation Act of 1973, as amended through 1993, is unique in the manner it allows flexibility to states for establishing and operating state VR agencies through a variety of systems, approaches, and structures. The amount of flexibility permitted has led to some very innovative and creative service delivery systems, guided by an objective to provide substantial services that result in achieving a single goal—employment.

Throughout most of the history of the public VR program, the unique characteristics of the program have been emphasized, supported, and reinforced by accompanying endeavors all of which have roots in the statutory language of the Rehabilitation Act: professional preparation (rehabilitation education), technology, research, and leadership.

Public Vocational Rehabilitation programs, unlike other human services programs, have never been characterized by the attitude of "we, the noble, fulfilling our responsibility to the less fortunate." Instead, public VR programs have always been characterized by a high degree of professionalism driven by a commitment to ethical standards unparalleled in the field of human services.

Based in rehabilitation education programs authorized in Title III of the Act, the superior degree of professionalism that dominates the field of rehabilitation counseling and related areas has for decades played a major role in the impact Vocational Rehabilitation services have had on the lives of people with disabilities.

Some of us think of the influence of technology on VR as a recent occurrence. In reality, technology has always held a significant place in the development of essential rehabilitation services. Medical technology has created the ability for expansions of services for decades. Assistive technology, although not always so labeled, has provided answers to perplexing issues for many years with the development and

---

Dr. Nell C. Carney, Executive Director, Mississippi Department of Rehabilitation Services, Jackson, Mississippi.

refinement of wheelchair technology, driver adaptations, home modifications, prosthetic devices, hearing aids, vision enhancers, etc.

With the creation and advancement of adaptive computers and information systems, even broader horizons for individuals with disabilities have been discovered in all areas of vocational pursuits. The impact of technology development on industry has also made the goal of employment more attainable than ever before as assembly lines are being replaced with computer systems.

Comprehensive research has provided the evidence, methodology, and projection data that have given continuous direction to public VR programs and provided lawmakers with the information necessary to advance legislation that keeps step with changing populations, changing social trends, a changing economy, and changing technology. Grounded in the statutory language of the Act, medical, social, educational, and technical research are very much a part of the foundation of the public VR programs.

Generally, people relate to people, not causes. When an individual takes up a cause and motivates other people to support that cause we call it leadership. From the beginning, the public VR program has had and been characterized by leadership with varying degrees of effectiveness and influence. Tracy Copp briefly, and then Mary Elizabeth Switzer nurtured the program through its infancy and into adolescence. Mary Switzer is, of course, the unquestioned strong leader of the program among its thirteen Commissioners.

Mary Switzer left a legacy of faith - faith that government will always be willing to provide the funding needed to provide rehabilitation services for individuals with physical and mental disabilities that will lead to independence and dignity. She also left a legacy of hope not just to dedicated rehabilitation workers but also to multitudes of individuals with disabilities who look to public rehabilitation for assistance in achieving first class citizenship.

This seminar is one of many fitting tributes to this great creator of a public rehabilitation program that has become as important to our society as is public education to our children.

Recognizing the value of leadership that had strong political alliances, lawmakers wrote into the Act a requirement for the Commissioner of RSA to be a presidential appointee. Although this requirement has been challenged a number of times it still stands. The prestige of being a presidential appointee has been used with varying degrees of effectiveness by Commissioners.

The value of the Commissioner of RSA being a presidential appointee is in the access this status provides to Congress, to the White House, to Cabinet heads and other government officials, including governors and state lawmakers. Generally, the Commissioner of RSA is recognized as the national, and sometimes international, leader in the field of rehabilitation. Such recognition places an extraordinary amount of value on the quality of leadership provided by the Commissioner.

These observations about the state-federal Vocational Rehabilitation program lead to a look at contemporary issues and the impact of such issues on the fundamental principles of the program.

Americans with disabilities as an emerging minority with exclusive civil rights legislation, and the Americans with Disabilities Act of 1990, brings an expanded perspective to public VR programs. The populations of individuals with disabilities served by VR programs today are better informed, more educated, more effective self-advocates, and have more self determination and are more demanding of quality services than any population served by VR programs before now.

Individuals who were once consumers of services are now service providers, policy makers, administrators, and leaders. Like representatives of other diverse populations, individuals with disabilities often bring a new or different perspective to the policy making process. For at least a decade now, the presence of individuals with disabilities in key roles in VR programs has demonstrated positive influence on the fundamental principles and practices in public VR programs. For example, the case management system that emphasizes individualized and comprehensive services has been more sharply defined to mean a process of intervention that moves in, addresses training and adjustment needs, and moves away allowing the individual to integrate into the market place and the main stream of society. No doubt, the focus on ultimate integration is advanced by individuals with disabilities functioning as chief administrators and policy makers.

Choices and increased participation of consumers in the process have been issues of concern throughout the history of public rehabilitation programs. During the past two years these issues have taken on additional meaning by an enlightened generation of individuals with disabilities. In this two-year period, programs have clearly demonstrated the capacity to embrace these issues and take them to a meaningful implementation within the service delivery system.

A growing national enthusiasm for inclusion has created a renewed awareness in public VR programs to look beyond race, gender, severity of disability, age, and culture to the ultimate goal of economic independence through employment. To effectively do this requires expansion in training programs and attitudes but it does not require change to the basic principles on which the program has existed and flourished for seventy-four years.

Inclusion of individuals with severe disabilities into VR programs and subsequently into meaningful gainful employment has been facilitated by legislative changes as well as by assistive technology. Individuals once considered too severely disabled to participate in vocational training are now included in meaningful vocational assessment and subsequent training with the help of assistive technology.

Providing services to these individuals in the public rehabilitation programs has presented a challenge which has helped to validate and strengthen the basic principles and practices by more careful application of resources and wiser use of qualified rehabilitation personnel.

Concerns about inclusion are also having a significant impact on research. In an effort to touch on all populations and all issues, research programs have in some instances been expanded beyond their capacity to be meaningful. A clear example of such expansion is the diluting of research authorities in Title II of the Rehabilitation Act. These provisions were intended to advance, promote, and verify the principles and practices of Vocational Rehabilitation. Over a period of time, the initiatives implementing the provisions of Title II, under the administration of NIDRR, have duplicated efforts in other government agencies such as Office of Special Education Programs and National Institute on Health. The depth and subsequently the impact of rehabilitation research on vocational rehabilitation practice has diminished since this research component was removed from RSA. Urgent change is needed in this area, and time is of the essence here.

The 1992 Amendments to the Rehabilitation Act placed an even greater emphasis on the role of assistive technology in the rehabilitation process. Just keeping up in this field has proven to be one of the greatest challenges ever confronted by public VR programs. Along with the first priority of providing state-of-the-art assistive technology to individuals served by the programs, consideration must also be given to the impact of technology on program management, and on the industrial community. The role of technology in preparing individuals served by VR programs to participate in a world class work force must not be overlooked or undersold.

Funding, program integrity, and accountability; three cutting edge issues, have the same value today that they have always had for VR programs.

Providing clear evidence of the social and economic value of the public VR program to argue for increased federal and state funding continues to be the most powerful approach to securing adequate appropriations for programs. Increased concerns about accountability, and program integrity have weakened this argument in the past few years.

Overall, public programs today are held to a higher level of accountability than at any previous time in our history. Surprisingly, many program administrators welcome this change with enthusiasm because increased accountability requirements diminish liability and facilitate open government that is responsive to the populations it serves.

Maintaining program integrity; focusing on the goal of Vocational Rehabilitation and not making futile attempts to be all things to all individuals with disabilities, has become and will continue to be a challenge in public rehabilitation. Because the funding for the public VR program has become very stable, there is constant pressure to divert program resources to other endeavors. Maintaining an image as a responsive, caring program and withstanding the pressures to expand the program beyond its intended parameters is presently one of the greatest challenges faced by the state-federal program.

In summary, it has been traditional throughout the history of the state-federal program that a variety of contemporary issues influence the current and future trends in philosophy and practices. It is abundantly clear, however, that the unique characteristics of this program supported by the fundamental and enduring principles have not been significantly altered by seventy-four years of issues, trends, and changes.

The program continues to practice a unique case management system that emphasizes individualized and comprehensive services. The program continues to be cost effective with multiples of returned benefits, and high standards of professionalism and commitment continue to be characteristic of program personnel.

Leaders come and go; each brings a different image and usually a different slant on philosophy. Although almost excluded once through legislative action, the rehabilitation education programs continue to exist with changes in emphasis with the coming and going of leadership.

Technology keeps moving forward as programs run along behind trying desperately to catch up. Populations continue to change, and individuals with disabilities as a minority become stronger, more politically aware, more informed, and more self determined.

Future trends in the state-federal program will be forged by issues that will surface as the months and years go by; but there is one truth that is very obvious, the state/federal program will respond to any challenge surfaced by time and circumstance. Fifty years ago, who would have thought there would ever be supported employment programs integrated into the state/federal system? Thirty years ago, who would have believed a civil rights bill for individuals could be made into law and implemented and that it would work in tandem with the authorities in the Rehabilitation Act?

For seventy-four years, from one generation to the next, from one reauthorization of the Act to the next, public rehabilitation has grown and expanded, become more responsive and met the challenges of change. Like education, adequate and responsive public rehabilitation is a debt owed by present to future generations of Americans with disabilities. The torch will continue to be passed from one generation to the next. And each new generation will find its own leadership, address new issues, set new trends, meet new challenges. But public rehabilitation will continue because it provides the help and hope necessary for the achievement of independence and dignity for Americans with disabilities.

In her paper Dr. Nell Carney presents the many strengths of the state/federal program. She details the effectiveness and importance of the case management service model, discusses the uniqueness of the public rehabilitation programs primary goal of "integrated competitive employment for individuals with disabilities," and points out that for 74 years this program has provided effective service to millions of people with disabilities. She states that the system has made very positive efforts to respond to the expressed needs of informed consumers for greater participation in the development of the rehabilitation programs. Dr. Carney discusses the cost effectiveness of the program, the fact that it is research based, and describes the degree of professionalism and the commitment to ethical standards of practice unique to this program.

There is a trend in rehabilitation that will effect the future of the state/federal program. The inclusion of choice is a reaction to that trend.

Choice is a word that well describes one of the future challenges of the state/federal rehabilitation program. Consumers will have many choices for accessing rehabilitation services and the state/federal program will be but one of those choices. This change is evident now in school to work transition programs, in services for students with disabilities provided by institutions of higher learning, in programs like the IAM Cares program where a business and labor partnership worked together to provide rehabilitation services and in many other areas where rehabilitation services have been mainstreamed and where the point of service delivery exists within the broader community and within the broader life of the person with the disability.

I believe that this does propose a challenge to the state/federal program. As consumers develop more choices in service delivery, the state/federal program will have to change in order to position itself in a way that will allow it to continue to respond to the needs of persons with disabilities.

The emphasis on choice and the greater involvement of people with disabilities in the pursuit of their rehabilitation programs, the advocacy by professionals working in the state/federal rehabilitation program for issues of importance to persons with disabilities, and the development of real standards for "qualified rehabilitation counselors" will be important to the continued success of the state/federal program.

In a competitive environment, the state/federal program will be required to be more responsive and more effective and this will require a greater focus on qualified staff and quality of service. As Dr. Carney accurately points out the state federal program for the past 74 years has been able to respond to each trend and change in the rehabilitation movement and has a history of increasing its effectiveness by its willingness to grow with those forces that have resulted in improved service to persons with disabilities. Consequently it is with optimism that I outline my views of those forces that will continue to cause change in how services are delivered to people with disabilities. It is with a shared awareness of how the state/federal program has evolved that I see the program being able to change again to meet these forces.

Dr. Carney also points out the involvement of persons with disabilities now in leadership and decision making positions in the state/federal program and in the rehabilitation movement in general. This involvement points to one of the strengths of the state/federal program. In a real way it recognizes who its customers are and understands the importance of involvement of persons with disabilities at all levels of the rehabilitation process. I am also optimistic that the state/federal program can meet the challenges that diversity has posed to its programs. We are now aware of some of the current inequities in service delivery and outcomes. The state/federal program has already moved to explore solutions to these challenges. Again the strength of this program is that its solutions attempt to be research based and this is no where more clear than in the attempt to pursue solutions to the challenges of diversity through the Rehabilitation VCunseling Diversity Initiatives which are attempts to develop sound data bases from which to launch effective changes in service delivery and effective methods of involving people from diverse backgrounds in all levels of service provision.

I am proud to say that I began my career in rehabilitation in the state/federal program. The experience I gained during my three years serving the State of West Virginia launched me on a wonderful career in an exciting and changing field. Consequently I have a personal debt to the state/federal program both for the educational opportunity that it offered me and the opportunity for service that I was given through my ability to serve as an employee of that program.

I see great challenges facing the state/federal program in the future and hope that I am putting these out as a friend and ally of the best that this program has to offer.

Jack Hackett

Dr. Carney provides a well-warranted tribute to national and state vocational rehabilitation programs by seizing the opportunity to provide information on a multifaceted rehabilitation program while offering clarity on the intended focus of many elements of the program.

Dr. Carney's focus on the unique characteristics of employment, case management, flexible legislation; accompanying endeavors of rehabilitation, technology, research leadership; issues of changing populations, consumer participation, inclusion, research; and, "cutting edge" issues of funding program integrity, and accountability are valid and timely.

The main thesis of Dr. Carney's manuscript seems to be that the federal-state public vocational rehabilitation program has always experienced and managed change, and as such, there is little need for concern as the program moves toward the 21st century. Hopefully, this thesis is correct. However, as Nadler and Hibino note in *Breakthrough Thinking,* the "uniqueness principle" which states that regardless of the apparent similarities, each problem is unique and requires an approach that dwells on the problem within its own unique context" needs to be considered. Essentially, the "uniqueness principle" contends that the manner in which yesterday's problems were addressed may not be appropriate for addressing today's or tomorrow's problems. This principle may be uncannily accurate because the issues confronting the public rehabilitation program seem to be of a magnitude that has not been previously experienced. To briefly illustrate, two major issues are: a) the need for a specialized program for a minority group (i.e., people with disabilities) in an ADA era; and, b) the need for a national disability agenda/strategy that impacts on the unacceptably high unemployment percent for people with disabilities (i.e. percentage that remains high despite the undaunting efforts of the vocational rehabilitation program).

The importance of several of the issues identified by Dr. Carney demand additional focus and attention. For instance, the program integrity issue is inclusive of the need to address the manner in which the comprehensiveness of the vocational rehabilitation program is changing. This suggests that there is a need to understand the vocational rehabilitation program as a system that intersects with other systems (e.g. transportation, education, support, information) in meeting the ancillary employment needs of people with disabilities. The funding issue includes impact of cooperative agreements (i.e., third-party match) on the integrity of the program.

Further, the unique case management system has experienced increasing complexity over the 70-year history of the program and is in need of exploration for its feasibility in a future environment that will have a focus on streamlining and simplicity. As Osborne and Gaebler note in *Reinventing Government,* the tone of public sector services is and will continue to be on rethinking, refocusing, re-designing or reengineering the manner in which services are provided to customers. The Social Security Administration's redesigning of its disability claims process is a classic illustration of the need to examine service delivery processes.

Judy R. Norman-Nunnery

Dr. Nell C. Carney's paper, "state/federal Program Issues and Trends," captivates the historical significance of the effective delivery system for serving people with disabilities. She expertly traces significant developments in the Rehabilitation Act, and correlates advances in legislative authority with corresponding progress in serving a wider range of individuals with varying degrees of disabilities. Carney, also, in her paper, points out that vocational rehabilitation has always been oriented to one primary goal - integrated competitive employment for individuals with disabilities. She goes on to cite several significant developments in the evolution of the V.R. program, marking its early use of technology to assist individuals with disabilities.

Carney also ably captures the philosophical framework of the public V.R. program as focused on the individual. In this context she highlights the professional capabilities of the public V.R. program to provide highly sophisticated services, tailored to the special needs of the targeted populations being served.

Carney makes us well aware in her paper of the special importance of enlightened leadership. In this context she cites Mary E. Switzer as one of the great architects and a supreme visionary of the V.R. system.

Carney touches on the importance of Americans with disabilities and their rise to becoming a powerful minority with its own civil rights legislation.

Carney's paper is excellent in its scope and the significance she brings to highlight progress in the public V.R. program. With the foundation she provides the reader, the public V.R. program is healthy as should prosper well into the 2lst century and beyond.

Angela Traiforos

Carney notes that the primary goal of public vocational rehabilitation is to provide integrated competitive employment for individuals with disabilities. Carney sees the federal/state partnership as a successful arrangement that has been further aided by a variety of technological advances as well as by the unique case management system for assisting clients. Carney also characterizes vocational rehabilitation providers as having a high degree of professionalism and commitment to ethical standards - and according to her - it is an unparalleled commitment in the field of human services.

Loud voices of discontent from consumers and providers alike, however, have been heard, they greatly disagree with this positive assessment of the public vocational rehabilitation system. Disenchantment with the status quo has also influenced the initiation of a number of new directives in recent policies aimed at improving the system for individuals with disabilities. Unfortunately, the paper gives almost no credit to the role of consumers and/or their advocates in bringing about some of these changes.

There is no question that as the concept of "self determination" becomes more fully realized, vocational rehabilitation will continue to undergo some major changes. The initial goal for vocational rehabilitation may not change, but new goals will probably be added, i.e., ones that recognize quality of life as important an outcome as employment.

Jennie R. Joe

Ms. Carney has taken the position that, because the vocational rehabilitation program has successfully survived every movement, demand and trend in disability services over the past 74 years, it will continue to flourish forever by clinging to traditional program principles (which she does not specifically articulate). She believes that the conventions of rehabilitation will be able to adapt sufficiently to encompass current and future challenges. She believes that program success hinges on the public rehabilitation professional.

While we should celebrate the many proud accomplishments of the past, many of her premises are based on revisionist history: the focus of vocational rehabilitation has NOT always been on competitive jobs integrated in the community; the vocational rehabilitation profession HAS taken a very paternalistic role towards persons with disabilities in the past and is now only slowly changing that attitude; the presidential appointment of the RSA Commissioner has NOT always led to access and influence (e.g., Justin Dart).

Ms. Carney ignores the fact that the "unique case management system" is no longer able to meet growing and changing consumer demands, to such an extent that 37 or more state agencies are on an order of selection. She overlooks national data that indicates fewer successful outcomes, even with increased funding support. She disregards our other customers, employers, in the rehabilitation equation. She fails to acknowledge the pressure from the private rehabilitation sector which promises better outcomes, quicker and cheaper. She never mentions the benefits of involving our service partners, such as other agencies and schools, to fill gaps in needed services.

Most significantly, Ms. Carney underestimates the expectations of consumer choice. The ultimate vision held by many individuals giving consumers the authority and the means to select, arrange, pay for, and account for their own services and therefore their own success would bypass the "unique case management system" Ms. Carney faithfully defends. She does share the view that the system she praises is headed for obsolescence if it does not change dramatically.

Lawrence C. Gloeckler

Dr. Carney adds a necessary and refreshing view of the many issues, problems and challenges facing vocational rehabilitation programs as planning is undertaken for the 21st century. She reminds us that those who forget the past, who fail to reflect on what has been accomplished, and who assume that the history of a people or an organization can be ignored are ultimately doomed to failure. The reality is that life is built on what has gone before; more often than not the inspiration for new and expansive initiatives springs from rediscovering original intentions; and that the history and experience of an organization or movement is the best source for defining and planning its future.

Dr. Carney clearly identifies both the strengths, weaknesses and challenges facing the public program of vocational rehabilitation. She's intimately aware of how the program can be victimized by requiring it to move beyond its defined and traditional goals; how the "needs of the moment" may compromise the essential purpose of the program; and how fluctuating federal and state agendas influence the assessment of the effectiveness of the program. Through it all, some basic and fundamental principles need to be preserved.

What characterizes the public vocational rehabilitation program is an enduring commitment to promote equal employment opportunities for persons with disabilities. The progress achieved in our society over the past several years reflected, in part, by the passage of the Americans with Disabilities Act and the Rehabilitation Act Amendments of 1992, cannot be separated from the constant, enduring and active role played by vocational rehabilitation programs. Sometimes obstructive, frequently empowering, accommodating and supportive, and more frequently than not supportive, the public program of vocational rehabilitation has, in one way or another, brought us all, consumers and providers, to where we are today. Dr. Carney suggests, I believe, that the future rests with taking full advantage of those relationships, forging renewed cooperative agendas and building on past experience.

Patrick W. McKenna

Chapter Two

Consumerism and Choice: Basic Standards for Judging Efforts and Expectations in the Vocational Rehabilitation Process

Patricia A. Morrissey

Introduction

The purpose of this paper is to: outline some basic standards that might be used to judge efforts to provide choices to individuals with disabilities who access services supplied by vocational rehabilitation providers, and to judge whether the expectations of such individuals with regard to opportunity to choose, and choices are met. Before presenting the standards, some context information and assumptions are posited.

"Consumerism" and "choice" are two terms that are used frequently in a variety of social contexts, including those that involve vocational rehabilitation — seeking and providing a range of services that result in employment for individuals with disabilities. Unfortunately, consensus about what these terms mean in relation to vocational rehabilitation has yet to emerge. The terms used here, as elsewhere, are relative. What they mean depends on what you know, what you do, where you are, and what you expect.

From the standpoint of federal policy the Rehabilitation Act Amendments of 1992, in both the state grant and demonstration programs, attempted to define and set direction for strategies to promote informed choice for consumers of rehabilitation services; but, these efforts are still evolving. Other recent federal legislative actions may further complicate any efforts to achieve consensus about the meaning of choice in vocational rehabilitation.

The Americans with Disabilities Act (ADA, P.L. 101-336), enacted July 26, 1990 and now in effect, prohibits discrimination against individuals with disabilities, on the basis of disability, in employment, services offered by state and local governments, transportation, public accommodations, and telephone services. Obligations to comply with this law apply to both the public and private sectors. Complying with this law is not accompanied by federal funds. Not complying with it, however, could have negative fiscal consequences in the form of loss of federal funds for public agencies and the possibility of a range of costs (i.e., fees, damages, and fines) for private entities found guilty of violating the ADA. In the area of employment alone, the Equal Employment Opportunity Commission, the federal agency charged with enforcing the employment provisions of the ADA, has received 29,270 charges of employment discrimination between July 1992 and August 1994. Because they focus on civil rights, as time passes the ADA's requirements, as much as those of any other law, will be the standards by which treatment of individuals with disabilities will be judged throughout society — including treatment of such individuals by vocational rehabilitation providers, especially with regard to the opportunity to make informed choices.

Goals 2000: Educate America Act, enacted March 31, 1994 (P.L. 103-227), has as its core purpose the reform of

---

Patricia A. Morrissey, Ph.D., Staff Director, Senate Subcommittee on Disability Policy, Washington, D.C. (This chapter was written when she was employed by ARA.)

American education. The specific purposes of the Act are to: promote coherent, nationwide, systematic education reform; improve the quality of learning in the classroom and workplace; define appropriate federal, state, and local roles and responsibilities for school reform and lifelong learning; establish valid and reliable mechanisms for building a broad consensus on national education reform; assist in the development and certification of high quality, internationally competitive content and student performance standards, opportunity-to-learn standards, and assessment measures; support new initiatives to provide equal opportunity for all students to meet high academic and occupational skill standards and to succeed in the world of employment and civic participation; and, stimulate the development and adoption of a voluntary national system of skill standards and certification to serve as a cornerstone of the national strategy to enhance work force skills. Eventually, the Act will not only direct what is learned in school, determine how student performance will be evaluated, and if states and local school districts receive federal funds, but also affect if and under what conditions individuals are judged qualified for specific occupations. It is clear that this law will serve as a catalyst for new levels of accountability within the educational system, and for increased specificity and uniformity during instruction and student assessment.

The School-to-Work Opportunities Act, P.L. 103-239, was enacted on May 4, 1994, authorizing funds to assist states to develop state-wide school-to-work programs. These programs must assist students to select careers; integrate school-based learning and work-based learning; offer paid work experience, job shadowing, mentoring of students by employers, school-sponsored enterprises, and on-the-job training for credit; and provide instruction in general workplace competencies such as positive work attitudes, employability skills and participatory skills, and broad instruction, to the extent practicable, in all aspects of an industry. In order to receive state implementation grants, states must specify how eleven state entities, including among them the state vocational rehabilitation agency, will work together to achieve the goals of the law. Moreover, in creating state and local partnerships to implement a state plan, rehabilitation agencies and organizations (both public and private) are identified as one of the membership categories. Finally, it is specified that multiple federal programs will be coordinated with School-to-Work Opportunities Act-related efforts. Included among these programs are those funded by the Rehabilitation Act. This law should heighten awareness of the importance of preparation for work and of work itself. The fact that specific references are made to vocational rehabilitation in the statute, indicates that Congress intended and expects vocational rehabilitation service providers to help design and implement school-to-work programs.

The Reemployment Act of 1994 (H.R. 4040/S. 1951), now under consideration by both the House of Representatives and the Senate, would replace through consolidation all federal displaced worker programs and create one comprehensive federal program for such workers; entitle some individuals participating in federally-sponsored training to income supports; and authorize the creation of "one-stop" centers in communities for individuals interested in, and eligible for, programs supported by the U.S. Department of Labor. If this experiment in federal program consolidation works successfully, vocational rehabilitation service providers may have easier access to assistance for some clients and easier access to new clients.

Implications of Recent Legislative Actions with Regard to the Element of Personal Choice in Selecting Vocational Rehabilitation Services. Each of these statutes individually and collectively is going to influence preparation for employment, employment opportunities, advancement in a career, and the availability of opportunities to change careers. Three of these laws — Goals 2000, School-to-Work, and Reemployment — will define directly how, when, and where future federal dollars will be spent with regard to federal support for job preparation and acquisition. What these laws mean for any consumer (student, graduate, displaced worker, unemployed individual) is evolving now at a rapid pace. What they mean in terms of choices for individuals with disabilities specifically is unclear; however, three observations can be made with regard to the implications for providers of vocational rehabilitation services.

First, no specific rights are specified and no set asides are guaranteed for serving individuals with disabilities — such individuals are to be included and treated as other eligible recipients. Therefore, they have as much right to participate along with others in whatever is being offered. To remain viable, this may require an increased willingness on the part of vocational rehabilitation providers to work in collaboration with others in a greater number of settings, as well as to offer intense remedial or preparatory assistance in specific situations. It also may mean that providers may need to learn how to market their services in new ways, for example in the form of technical assistance or advice, to both potential individual and organizational clients, who now may have multiple sources to whom to turn for help.

Second, considerable energy is being invested in developing world-class educational and occupational skill standards. These standards will eventually function as guide posts and gate keepers, guide posts for shaping the services an individual will receive and for judging an individual's progress, and gate keepers for defining who is qualified and thus eligible for additional opportunities. These standards must not become the basis upon which opportunities for individuals with disabilities are lessened or channeled separately from those offered to other individuals. Individuals with disabilities, organizations that represent their interests, and vocational rehabilitation service providers should play a central role in ensuring that this does not happen.

Third, more and better quality employment-related opportunities will emerge for individuals with disabilities to the extent that vocational rehabilitation service providers take part in developing new standards, using them as guide posts to assist individuals with disabilities prepare for employment and careers, and also contribute to the standards being applied fairly to such individuals by others. A central component of success in such efforts will be the ability to contribute credible, validated approaches to assessing the readiness of an individual with a disability to perform the essential functions of specific jobs that are known to be available in particular labor markets.

There also are four major implications of these recent laws for individuals with disabilities. First, the pressure these statutes place on vocational rehabilitation providers are pervasive and far reaching. It will take time for vocational rehabilitation providers to sort through and decide how they will respond to these pressures. Thus, individuals with disabilities, especially in the immediate future, may have opportunities to create choices as much as react to those suggested by others.

Second, the ADA is the tool by which the individual with a disability can both guide and judge how others offer opportunities to choose and choices, and judge how others respond to the individual's choices. This will be especially important for the individual when weighing the usefulness of: (a) the content, timing, and access to information provided by vocational rehabilitation providers; (b) the type, timing, and effect of information solicited from or volunteered by the individual with a disability; and (c) the provider's attitude toward and use of formal testing to help the individual develop viable career options.

Third, because opportunities and choices may be found in many places, individuals with disabilities must develop information gathering skills early and apply them to multiple sources. Moreover, even though the exact obligation may vary by type of agency, organization, and employer, each must comply with ADA requirements to provide information in an accessible format. Thus, especially for individuals who have faced communication barriers in the past, the avenues for collecting information should be greatly increased.

Fourth, an individual with a disability may or may not need the direct assistance of a vocational rehabilitation provider in securing training or employment, but such a partnership, when used, now may result in benefits that extend well beyond the single case. The vocational rehabilitation provider will benefit from the information the individual brings to the table and learn about new opportunities that can be shared with others with disabilities. The individual with a disability has the opportunity to share with others with disabilities what type of information is most likely to expand choices when engaging vocational rehabilitation providers.

Assumptions Associated with Consumerism and Choice. Neither consumerism, nor choice as an element of it, occurs in a vacuum. Consumer satisfaction is affected by a host of factors. This is no less true if the consumer wants vocational rehabilitation services. Consider these assumptions with regard to the rehabilitation consumer.

Making Choices Is a Dynamic Process. Generally, consumerism as a term suggests that an individual has choices and that the individual has the right to choose or not to choose a particular option. In the context of vocational rehabilitation — during career exploration, ability and interest assessment, career selection, career preparation, job search, and job acquisition — the term also may mean that an individual will be presented with choices and will be able to suggest additional options that will become choices at key points in the vocational rehabilitation process.

For Choice to Be Viable the Rehabilitation Process Should Allow for the Customization of Information. Individuals with disabilities will enter the process at different points, with varying degrees of preparation. Vocational rehabilitation providers should be prepared to meet the individual at that point of entry and provide appropriate, customized assistance. The information offered to assist an individual make choices will differ for individuals who just completed high school from that offered to a college graduate or dislocated worker with a disability. Similarly to facilitate an individual's ability to make choices, information may need to be delivered, formatted, or structured differently because of an individual's disability.

Finally, an individual's native language, cultural background, or ethnicity may require that information be presented in a special way so that the individual can benefit from it.

Choice Should Be an Inherent Factor in the Operating Standards of Providers. Choice in connection to the selection of a rehabilitation counselor may be viewed as a key component of choice in the rehabilitation process. Provided information about counselors may suggest that some counselors are better than others or have special skills or experiences that better equip them to assist individuals with certain disabilities. If differentiation based on specialization or expertise is known or practiced, this may enhance the advice offered an individual with a disability and enhance the person's ability to make choices. As critical a factor may be the availability, timing, and nature of the information provided to the individual about the service standards by which the provider and all associated counselors operate.

Choices Must Be Understood to Be Meaningful. Choices in the rehabilitation process have meaning if the individual understands them. In some instances rehabilitation providers may be called upon to assist individuals develop the capacity to understand and make choices. In other cases rehabilitation providers may be called upon to summarize or contrast the consequences of choices. Both of these roles for providers are legitimate if the focus is to enhance the individual's ability to make personal choices. Both of these roles, to be legitimate, mean that the provider gives the individual full and accurate information at a level and in a form that the individual can understand and use.

Labor Market Information Affects Choices. One of the factors that should be incorporated into information provided to individuals with disabilities is labor market information — where the jobs are, what qualifications are tied to particular jobs, what type of experience and training are tied to the qualifications for specific jobs, where and how long it takes to develop experience or to get training, and what the wages, benefits, and working conditions associated with specific

Figure 1

Basic Standards for Information Sharing in the Vocational Rehabilitation Process

INFORMATION FROM THE PROVIDER		INFORMATION FROM THE CONSUMER	
PROVIDER STANDARD	CONSUMER STANDARD	PROVIDER ROLE	CONSUMER STANDARD
Had information available	Information was provided	Described the information that was needed	Understood what was needed and provided it
Information was appropriate/customized	Information was understandable and of use	Indicated when information was needed and why	Provided information in a timely manner
Information was sufficient so that decision(s) could be made	Was able to make choices and move to the next point in the process	Described how the information would be used and what it would affect	Understood how the information would be used and saw the effects of its use
Could explain information — its connection to other information and its effects or consequences in terms of pending decisions	Was able to understand the effects of some information on other information	Offered to assist in the collection or generation of information	Received necessary assistance in the collection or generation of information
Could shared information in a timely manner; it had an effect on the decision making process	Had information in time to consider and use it	All information that was requested was considered	Received feedback on all information that was provided
Content of the information affected decisions that were made	Made decisions based on information provided	Explained why certain provided information would not be used	Understood why some information provided would not be used

jobs are. Such information provides not only a solid basis upon which an individual can explore and make choices, but also serves as a reference point for discussing and defining the type and level of support the vocational rehabilitation provider is prepared to supply.

Resources Affect Choices. All rehabilitation providers have policies, procedures, and practices that affect their ability to make resource commitments — the timing of a resource request, the amount and type of a resource request, constraints on how funds are to be used, and case load of staff, among others. Thus, as a practical matter an individual with a disability may or may not have an optimal level of choices depending on when, why, and under what conditions, he or she engages a vocational rehabilitation provider. If an individual can approach a provider in a timely manner, that is at the very beginning or very end of its fiscal year, the provider's resources may be more plentiful or predictable. If an individual has done some detective work, that is, has decided a career path; knows what is required; knows where he or she stands in terms of prerequisites: knows what personal resources can be committed to the undertaking; then, the individual's control over choices and the efficiency of a provider's response may be enhanced.

Choice Is Affected by the Nature of Assistance Available and the Type of Assistance Needed. Choice also is affected by the type of assistance available from the provider and the type of assistance needed by the individual with a disability. Providers may be able to offer more credible advice and assistance if they have had extensive and successful experience in helping individuals access jobs of certain kinds, in certain industries, or in certain locations. Similarly, providers may know from past experience under what conditions individuals with certain interests, disabilities, or abilities have experienced high degrees of job satisfaction and can share that information with individuals considering similar careers. If providers lack such information, then the partnership between provider and the individual may take more time to develop, because both will need to spend time to explore the availability of careers and the consequences of certain career choices with which neither is familiar. This latter consequence does not in of itself need to negatively affect an individual's opportunity to choose, but lack of familiarity with desired career information might delay decisions.

Comfort with Opportunities to Choose and Choices Are Affected by the Individual's Knowledge of a Provider's Past Performance. It is natural, when in need of service, for an individual to talk to friends, relatives, and acquaintances about where to get the best help. Thus, when in need of vocational rehabilitation services, an individual should be interested in service providers' "track records" and explore the record of each provider: what is the range of assistance and support available; what happens to individuals who have been assisted (e.g., wages and benefits received, access to opportunities for career advancement or change, access to opportunities for training); whether the provider is better equipped to assist individuals with certain disabilities,

Figure 2
Basic Standards for Judging the Effects of Information in the Vocational Rehabilitation Process

CONTENT	PROVIDER ACTION	CONSUMER-RELATED OUTCOME
Information about counselor/advisor expertise, qualifications, and experience	Provided information and offered choices of counselor	Able to select a counselor based on facts and preferences
Information about general procedures	Provided information on general process, including the roles of counselor and consumer	Understood what would happen -- the sequence -- and the responsibilities of the individual and the counselor
Information about range of assistance, services, and supports available from the provider	Provided	Understood the range of assistance that was possible directly from the provider
Information about range of assistance, services, and supports that the provider will help identify and/or coordinate with external sources	Provided	Understood the range of assistance from other sources that might be possible through assistance from the provider
Initial information needed from the individual	Explained information needed from the individual and offered to assist in its collection an/or generation	Provided information and obtained necessary assistance with regard to its generation and preparation
Additional information the individual might be expected to provide or assist in generating (e.g., through testing)	Explained that the individual would be a participant in collecting and generating additional information, reviewing information, and making decisions based on it	Understood role and responsibilities with regard to the use and effect of information
Assessment of information	Interpreted information -- based on the individual's interests, abilities, and potential	Understood what information meant in terms of career options
Career information	Described and compared careers - preparation requirements, working conditions, wages, benefits	Understood the similarities and differences among various career options and the level of effort connected to achieving each one
Labor market information	Describe career openings in labor market	With respect to career options, learned which had openings in areas in which the individual desired to locate
Information about conditions of support and assistance connected to each career options	Described assistance and support available from the provider with regard to each career option	Understood the level of support available for each career option from the provider and its implications
Information about additional resources needed for each career option	Described assistance and support needed from sources other than the provider with regard to each career option	Understood the level of support needed from other sources for each career option and the role the provider would play in attempting to secure it
Training information	Described information and the consumer's eligibility to train in connection to each career option	Understood the training requirements connected with a career option, the individual's eligibility for it, and how long the training would take
Career choice exploration	Suggested personal line of inquiry to facilitate career selection	Based on the information available the individual was able to choose a career
Information related to career choice selection	Identify, arrange, and monitor the provision and effects of assistance connected to an individual's final career choice	Began the path to chosen career or obtained employment in chosen career

career interests or needs, cultural or ethic backgrounds, or at certain stages of career development; how does the provider view its role and that of the consumer. To the extent that providers can provide this information and identify specific individuals with whom a potential consumer can talk, the more likely the individual will be able to decide if he or she should seek services from the provider and the more likely he or she will know what to expect.

Competition Will Affect Choice. Once the federally authorized state-wide school-to-work programs and the one-stop centers for employment assistance are in place, individuals with disabilities will have options for exploring employment-related assistance that exceed those that are currently available. The new options most likely will be both highly visible and easy to access. Their emergence in communities will offer current providers chances to collaborate in new ways, expand services,

BEST COPY AVAILABLE

and perhaps specialize. Such chances may be accompanied by pressures to specify how current providers will address consumer satisfaction. Not only will approaches to accountability be scrutinized, but also the providers' attitudes and approaches to consumer choice. This scrutiny will affect opportunities to do business.

Who the Customer Is, Will Affect Choice. In many instances the customer will be clearly known and easy to accommodate with regard to providing information to make informed choices and exert control over rehabilitation outcomes. In other instances, however, the matter may not be so simple, for example when a provider must serve individuals with disabilities on behalf of, on conditions set by, or with financial support controlled by another agency or by an individual employer. Ideally, in such cases any provider, having a commitment to provide information to individuals with disabilities that enables them to make informed choices, should disclose this commitment to agencies and employers with which it does business. And likewise, if doing business with such agencies or employers places constraints on opportunities to choose and choices offered to individuals with disabilities, this information should be shared with such individuals at a point before it would undermine their opportunities to make choices.

Philosophical Choices and Expectations. On the one-hand, providers may view choice as an event, where at a minimum, an individual will be presented with two choices, such as "we will arrange for you to go to computer training" or "we will place you in a telemarketing position." By offering a minimum of two choices — after the provider has sifted and weighed all factors — is seen as a reflection of a commitment to choice, a choice made by the individual. On the other hand, providers may view choice as a series of engagements in which both the provider and the individual bring information to the table. In such a context the provider may offer advice or counsel with regard to the implications of certain information, but choices when made, are made by the individual.

Some individuals may be more comfortable with providers collecting and analyzing information, and offering the individual a limited number of choices from which to decide. Such individuals even may desire confirmation from the provider that the final choice the person makes is the better one. Other individuals may thrive on the process of active engagement where they are called upon to make multiple decisions throughout their involvement with a rehabilitation provider.

At this point it is risky to characterize any philosophy toward choice in the rehabilitation process as either better or worse than the other; it depends on the people involved. In reality, most providers and individuals seeking vocational rehabilitation service may inhabit middle ground with regard to choice. As a general rule, however, if a provider is committed to a timely and full disclosure of information and is willing to explain its value, use, and implications in a form the individual can understand, the individual may at least become a partner in the decision making process and at the end of the relationship with the vocational rehabilitation provider may be equipped and willing to make independent choices.

Basic Standards to Promote Informed Decision Making by Individuals with Disabilities Engaged with a Vocational Rehabilitation Provider. The key to informed decision making by individuals with disabilities and the key to judging a provider's approach to offering such individuals opportunities to choose is information — its availability, its comprehensibility, its pertinence, its timeliness, and its effect. These information standards represent dimensions in which any information at any point in the rehabilitation process could be judged. Figure 1 is one approach to organizing the six information standards that, depending upon if they are observed in the individual case, can enhance informed decision making by an individual with a disability. In Figure 1 a distinction is made between standards related to information provided by the provider and information provided by the individual with a disability.

A second aspect of information is its content. If certain information is received in a certain order, then decision making by an individual with a disability is facilitated. Figure 2 lists suggested information content categories in a particular sequence, and provider actions and consumer-related outcomes for each category. In a particular instance, if one were to observe provider actions and consumer-related outcomes with respect to specific information that parallel that proposed in Figure 2, then one would be able to infer that at a minimal, acceptable level, informed decision making by an individual with a disability took place.

Conclusion

As indicated earlier, opportunities for employment-related assistance for individuals with disabilities are likely to expand in the near future. Thus, where and how someone will be assisted will take many forms. This paper offers a way of thinking about what affects an individual's opportunities to choose vocational rehabilitation services; charts some basic parameters that will help any provider to review its strategies for sharing and using information and to determine if such strategies contribute to informed choices by individuals with disabilities; and suggests what the individual with a disability should look for when engaging a vocational rehabilitation provider.

Selected References

The Americans with Disabilities Act, P.L. 101-336.

Demonstration Projects to Increase Client Choice Program, NPRM affecting 34 CFR Part 377, August, 1993.

Goals 2000: Educate America Act, P.L. 103-227.

Proposed amendments to the regulations governing the administration of Section 110 of the Rehabilitation Act as amended, sections 361.52 and 361.53, March 1994.

The Reemployment Act of 1994 (H.R. 4040/S. 1951).

Rehabilitation Act Amendments of 1992, P.L. 102-569, Title VIII, section 802(g).

The School-to-Work Opportunities Act, P.L. 103-239.

Dr. Morrissey provides a masterful depiction of the complicities inherent in the concept of informed choice by consumers. The summations of related legislation that will impact on the concept of informed choice was extensive and extremely beneficial.

The area of informed choice is in desperate need of definition and direction, particularly given the fact that it has been a long-standing issue awaiting to be a part of the vocational rehabilitation landscape. Couple this with the fact of a void in leadership on this issue from the federal level and it is readily apparent that Dr. Morrissey's manuscript is extremely relevant and will command widespread use by rehabilitation professionals.

Dr. Morrissey's model for basic standards for sharing and judging information is comprehensive and thought provoking; and yet, practical and realistic.

Judy Norman-Nunnery

Consumerism and choice are new trademarks of the disability movement and are reflected in the language of a number of recent legislative actions. How does one evaluate choice? To answer this question, Morrissey presents examples that might be useful in judging efforts made by service providers to provide choices to individuals with disabilities. Morrissey also states that there is a need for development of some standards to evaluate choice as well as evaluate client satisfaction with the choice options.

Central to such an evaluation tool would be areas that evaluate the presentation of information, types of information, and other factors such as a time frame for disseminating the information.

There are many factors that affect decision-making, some of which may not be explicit. A standard developed for judging efforts, while a good idea, may say more about the rehabilitation system than about the client's choices, and such forms may quickly become just another form to fill out. Wherever possible, such evaluation of effort should be balanced with some feedback from the clients and their families—this does not have to be a 10-page form, but could be accomplished through a post card or an accessible toll-free 800 number.

The research and training centers under the National Institute on Disability and Rehabilitation Research are an ideal position to develop and field test these instruments as well as to test the possible integration of such tools in the proposed one-stop employment centers—i.e., what works for individuals with disabilities may also be helpful for other groups.

Jennie R. Joe

Patricia A. Morrissey's paper "Consumerism and Choice: Basic Standards for Judging Efforts and Expectations in the Vocational Rehabilitation Process", outlines selected, basic standards in a legal framework for a democratic society, to provide choices to individuals with disabilities in vocational rehabilitation. More specifically, Morrissey, not only addresses basic standards to judge efforts to provide choices to individuals with disabilities, but significantly to even judge whether these expectations are met. She effectively adopts the language of consumerism in the marketplace to the disability field with sophistication and expertise.

Morrissey's overview of legislative developments - even milestones - includes statutory language in the Rehabilitation Amendments of 1992; the Americans with Disabilities Act of 1990; Goals 2000: Educate America Act of 1994; the School to Work Opportunities Act of 1994; legislation in process; provides the reader with insight and an in-depth understanding and appreciation of the "legal muscle" documenting choice and consumerism for persons with disabilities on the American scene.

Morrissey tells us that opportunities for employment and related services to individuals with disabilities are likely to expand in the near future. She also provides a sound rationale for choice in the V.R. process and also explains what effects an individual's opportunities to "choose" vocational rehabilitation services will have and what elements the individual should consider while "engaging" the vocational rehabilitation provider. Morrissey adeptly shifts the control of the management of vocational rehabilitation services away from the provider and to the consumer. This follows the philosophy of consumerism in the marketplace in a democratic society. It's a significant development and long overdue. "Hooray for Morrissey."

Angela Traiforos

Dr. Morrissey directs a very clear course of logical direction VR programs will need to take to best face the challenges ahead. For lack of a better term, the fundamental thought seems to be "mainstreaming". Under the assumption that much of the legislation in place in our national educational and vocational agenda will function as intended, the objectives of VR can become more focused toward preparing and training persons with disabilities to become part of the mainstream of the work force.

Much of the work toward achieving these goals are logical in much the same way all persons must deal with the choices available to them in career making decisions. Information needed to make proper determinations of abilities and\or training goals necessary to reach a desired level of ability or readiness will be a mutual responsibility between both the VR provider and the person with disabilities. Clear information must be timely offered to both parties to make correct, career choices. This is fundamental and really the clear focused goal of the VR program and the hope of what it can help achieve for all persons wanting to be part of the work force.

Philip H. Kosak

This is an important paper for a number of reasons. First, it offers a detailed analysis of recent federal policy initiatives by an informed

Washington observer. Second, it looks at these initiatives in terms of "consumerism" and client "choice". Third, it makes some educated guesses about the future of vocational rehabilitation in this new legislative environment from the perspective of service providers and individuals with disabilities. Finally, it suggests some ways that the rehabilitation community as a whole can work to clarify the rapidly-evolving job training and employment standards and to ensure that these provide increased opportunities for individuals with disabilities.

In the headlong rush to "reinvent" government and streamline the myriad training functions of our federal programs, legislators have not yet been able - or inclined - to think through all the consequences of their actions, especially as these relate to vocational rehabilitation. (The most telling example of this was the inclusion of the job training programs of the Rehabilitation Act with those of JTPA in an earlier version of the proposed Reemployment Act of 1994.) Morrissey observes that new laws , such as Goals 2000, School-to-Work, and Reemployment provide no set-asides or specific guarantees for individuals with disabilities - they will evidently be treated like everyone else in the use of these programs - and one wonders how people with the most severe disabilities will be affected by this kind of mainstreaming. It's almost one of those old verbal paradoxes: if individuals with severe disabilities are going to be on the same footing as everyone else, how in the world are they going to be on the same footing as everyone else? Perhaps it will all work out, but one's mind boggles at the possibilities.

Will our vocational rehabilitation system retain its identity or be absorbed into a greater service network? How will successful outcomes be defined? How will rehabilitation providers - if they exist - take credit for what they do? Will the new "world-class educational and occupational standards" that are supposed to be driving the development of Goals 2000 (but, in fact, don't yet exist) include provisions for different learning styles and different kinds of mastery? What is the government's political agenda in terms of vocational rehabilitation?

The last question, I assume, is the place to begin.

Jon Lundin

Dr. Morrissey has done an exemplary job of placing choice in the context of law and practicality, whereas recent debate on the philosophy of choice has often taken either a defensive posture against or an adversarial demand for choice.

She appropriately points out the expanded opportunities that persons with disabilities should have under employment and educational reforms. We, as rehabilitation leaders, must seriously heed her call to help ensure that these opportunities are realized.

We need to respond at both the national and state implementation levels to meet this challenge. Too many similar opportunities have been missed in the past, as evidenced by the inability of persons with disabilities to access services under JOBS and JTPA.

Her assumptions about choice seem clear, logical and supportable. They correctly focus on the individual circumstances of the consumer involved in the choice, which is the true realization of the Rehabilitation Act. Dr. Morrissey states that information must be customized to the individual's disability, cultural background, communication abilities, desires, and understanding and that it must be translated and explained where necessary to genuinely achieve informed choice.

One of the most important aspects of her paper is that she recognizes that the realistic parameters of the program may overlay choice. Since vocational rehabilitation is still not an entitlement program with unlimited funding, it is important that she acknowledges that labor market and resource realities may limit choices that vocational rehabilitation can support. This may balance the debate with some advocates who espouse that choice means unilateral consumer decisions which should not be denied regardless of cost or potential for success. It would be interesting to know how Dr. Morrissey would address the question of how to resolve the dilemma of conflicts between a consumer's choice and the professional opinion of a rehabilitation counselor that the choice is unrealistic.

The standards for promoting choice which Dr. Morrissey outlines are excellent targets and appropriately share responsibility for information gathering and processing between the provider and consumer. However, an additional standard related to the comprehensiveness of the information should be added. Too often, counselors only offer limited options from among those services or providers that they have found to be convenient and comfortable in the past. They may not think creatively beyond the traditional offerings that they have grown accustomed to using. Also, consumers have an obligation to locate and investigate service alternatives that their counselor might not be aware of. Measuring comprehensiveness of information would help ensure the best possible choice.

Lawrence C. Gloeckler

Dr. Morrissey discusses consumerism and choice within the context of a number of recent legislative initiatives. It is particularly important for rehabilitation practitioners to have a thorough understanding of those trends since they will influence efforts to prepare individuals with disabilities for gainful work and dictate, in some respects, the scope and nature of vocational rehabilitation services.

The integration of the philosophy and practice of consumer choice into the vocational rehabilitation process will be challenging and far reaching for both consumers and providers. Dr. Morrissey clearly points out that current and future system changes will require providers to "market" their services in new ways, assure that quality assurance standards are in place and compete in a totally new way. The essential point is that the consumer must be provided with information which is comprehensive and valuable so that informed choices can be made. The clear message presented in this paper is that "choice" cannot be considered just another change in a process - it represents a fundamental change in the way consumers and providers interact with each other and will most likely demand that providers adopt whole new strategies if they are to survive in a "free market" arena.

Patrick W. McKenna

The Information Age: What it Means for Business and Vocational Rehabilitation

Debra A. Perry

In the industrial age, the machine was the basis of productivity, the worker manipulated (served) the machine, and material was the product. In the information age, the person is the basis of productivity, the machine serves the worker, and information is the product (Drucker, 1994). Capital, land and labor no longer have the same value. As a result, futurist Alvin Toffler equates knowledge with power; economist Robert Reich identifies skills and insights as the basis of wealth; and business analyst Peter Drucker describes knowledge as the competitive economic resource.

This seemingly simple shift from machine to person and goods to knowledge is the basis of the current transformation in the economy, the workplace and the social order. How this transformation might effect vocational rehabilitation is the focus of this paper.

Vocational rehabilitation does not exist in isolation. The trends that are transforming how we live and work in the economy, technology, demographics, social values and globalization effect the practice of vocational rehabilitation as well. In many cases their impact is felt through the filter of business. Business and industry will be a defining force in how vocational rehabilitation is practiced in the 21st century. Preparing for the future therefore requires an understanding of business and industry and its relationship to vocational rehabilitation.

That relationship has been based on meeting mutual needs. Business and industry, in the role of employer, needs qualified workers to produce goods and services; vocational rehabilitation seeks productive employment for its consumers. This simple equation has become more complex in recent years with the development of corporate based disability management programs and passage of the Americans with Disabilities Act. The lines between vocational rehabilitation and business and services and employment are blurred. Current realities and future trends will add further complexity to the relationship and it is expected that these boundaries will become even more obscure.

The purpose of this paper is to examine the implications of the information age for vocational rehabilitation within the context of the business/rehabilitation relationship. It invites us to do so from the perspective of futurists as we prepare for the 21st century. Futurists explore the world of what might happen. They believe that if we know the various opportunities and challenges that lie ahead we can influence how the future unfolds. Action can be taken to increase the chances of making desired possibilities a reality and to prevent the undesired from happening. In order to take appropriate action, we must have a vision of a desired future. This paper proposes a future where everyone who wants to work has the opportunity to do so in a challenging, productive and economically rewarding capacity that contributes to the greater good.

With this as a guiding vision, it has three major sections. First, it explores the relationship of business and rehabilitation with particular emphasis on the current business environment. This environment has tremendous implications for the workplace of the 21st century and the employment of people with disabilities. At the heart of the paper is the second section, six major workplace issues which effect business and rehabilitation in the information age. Four deal with generic topics which relate to all workers. They are the skill needs of employers, labor shortages, the changing

---

Debra A. Perry, Perry, Winans & Co., Washington, DC, is an International Consultant specializing in Rehabilitation, Training & Public/Private Partnerships.

workplace, and the influence of technology. The remaining two workplace issues deal mainly with rehabilitation and people with disabilities. They are reasonable accommodations and disability management programs. In a final section, some broad recommendations about resources and approaches for preparing for the 21st century are discussed.

Business and Vocational Rehabilitation: The Relationship

Business is often equated with corporate America. For the purpose of this paper, business and industry includes businesses large and small, such as the entrepreneur working out of her living room; the machine shop of 100 employees that found a special market niche; the airline that is co-owned by a labor union; the multinational conglomerates; and the multitude of small businesses that are the source of most of the new jobs and who do much of the hiring of people with disabilities in the United States.

Vocational rehabilitation refers to a discipline of professional practices that includes all of the public, private nonprofit and for-profit rehabilitation programs that provide services to facilitate the employment of people with disabilities. It also includes the professionals, academics, researchers and policy makers who work in these organizations or as consultants. For purposes of this paper, the goal of vocational rehabilitation is the placement of people with disabilities in formal, competitive employment.

The relationship of business and industry to vocational rehabilitation prior to and during the 1970s could be characterized as that of producer to buyer. Through various services and training, vocational rehabilitation worked with persons with disabilities to "add value" (i.e. skills) to what they had to offer businesses as workers. In the 1970s, the marketing approach to job placement emerged and vocational rehabilitation began to address the needs of business and industry as a customer. With the emergence of programs like Projects With Industry and supported employment, business and industry evolved into a partner in the vocational rehabilitation process. Business and industry was invited to share in the design and development of services to make sure business needs were met along with those of consumers with disabilities.

Certain developments in the last quarter of the 20th century have further changed the nature of the relationship between business and vocational rehabilitation. Among them are: increasing awareness about the abilities of people with disabilities; rising costs and changes related to workers' compensation and long term disability insurance programs; changing demographics resulting in labor and skill shortages; increasing civil rights advocacy for people with disabilities; passage of legislation such as Sections 503 and 504 of the Rehabilitation Act, and the Americans with Disabilities Act; a rising federal deficit with implications for health care and entitlement programs; and changing expectations about the role of business and industry as a community member. As a result, a complex, more integrated relationship is emerging between business and industry and vocational rehabilitation. Business is no longer just a customer of vocational rehabilitation, it is a provider and producer of related goods and services as well.[1] The integrated nature of the customer/producer relationship is characteristic of the emerging business climate of the information age.

Business in the Information Age: Leaner, Meaner and Smarter

It officially happened in 1991: For the first time companies spent more on computing and communications equipment, the technology of the information age, than they did for industrial, mining, farming and construction machines. (Stewart, 1994). The implications of this transition must be understood to adequately meet business needs for qualified workers. Three aspects of this transition include: (1) Changing demographics resulting in fewer available workers and an older, more diverse workforce; (2) A highly demanding, global business environment requiring companies to be more productive and, at the same time, more friendly to workers and families; and (3) Rapidly changing technology which will dramatically affect the workplace and the nature of work. By the end of this century, the business environment will be "brutal" for those companies that are not large enough to navigate in the global marketplace, or small enough to maintain a specialized market niche (Powers, 1990).

The information age requires a new business enterprise. Holland (1994) likens it to a sailboat rather than the battleship of the 20th Century. It will be more agile, flexible, and driven by customer values that require total quality, timely responses and significant added value. It will be necessary to develop products more quickly and get them to market sooner; product cycles may be measured in months rather than years (Powers, 1990). Business will become more integrated, both internally and in relation to customers. Decisions will be based on multi-disciplinary input from specialists and work tasks will be accomplished by empowered teams assembled to achieve targeted goals. Restructuring, a painful phenomena of the 1980s and 1990s, will be continuous and constant to meet changing needs and multiple tasks.

The terms *leaner* (flattened structure, less hierarchal, fewer employees), *meaner* (more efficient, productive and competitive) and *smarter* (greater use of technology, better use of efficient methods and human resources, and constant learning), have already been used to describe the successful business enterprise of the 21st century. Its workers will continue to be empowered to solve problems, to respond to customers and to manage work functions. Communication will be more open and direct. Job classifications, roles and responsibilities will change rapidly to meet new markets, new products and new technology (Powers, 1990).

---

[1] Business as a producer demonstrates the complexity of this relationship. Private sector rehabilitation businesses operate in both rehabilitation and business sectors. The 1993 Switzer scholar program dealt in-depth with private sector rehabilitation. In addition, other businesses also produce goods and products for a disability market, and private consultants provide disability specific services. The disability market is growing. By the year 2000, it is projected that one in five individuals will have a disability. In an age of diversity, business understands the importance of having the customer base reflected in staffing patterns. The growing consumer market could therefore have some direct implications for the hiring of people with disabilities in both disability specific and general consumer oriented businesses. For an in-depth analysis of business as a producer of goods and services related to disability, see Albrecht (1992) ***The Disability Business: Rehabilitation in America.***

Most new jobs and innovations are expected to come from small businesses. Its business structure is considered more appropriate (adaptable, cost-effective) for meeting certain market demands. This factor and the projected rise in service industries, will mean a workplace smaller in size and number of employees (Powers, 1990).

Business and Rehabilitation: Six Key Workplace Issues

The following six issues explore the implications of the information age for business and vocational rehabilitation.

Issue 1. Skills Needs for a New Economy: Workers "In the Know"

One of the major ironies of the technologically-based information age is the critical importance of "people" skills. Whether you are part of a high powered technical problem solving team, or are what Robert Reich calls an in-person server (i.e., personal care attendant, bank teller, aerobics trainer), interpersonal skills are vital. Technical expertise and an understanding of technology's applications will similarly effect many job categories. By the year 2010, a projected 90% of the workforce, including farmers, teachers, or police officers, will be effected by information technologies that include computer networks, massive data storage systems, and artificial intelligence (Hines, 1994). Basic skills, such as knowing how to learn and math and language literacy, are demanded in a workplace where continuous learning will be the norm. Employers also will require less tangible, "soft" skills like adaptability, flexibility, creative thinking, problem solving, and self management skills (Carnvales et al. 1988). These basic skills will cross many, if not most job categories. In the words of Batelle's CEO:

> *All of tomorrow's workers, including the scientists, are going to need better reading and comprehension skills, people skills, and conceptual thinking skills. There are a lot of technically trained people in the world who know this fact or that fact, but they can't integrate the two into something really meaningful. The worker in the 21st century will have to make those connections. All employees will have to be learners all of the time (Kopp, 1994).*

Increasingly, education will be important to earning enough to sustain a viable lifestyle. Between now and 2005, jobs requiring education and training after high school are expected to have faster than average rates of employment growth. By the year 2000, most new jobs will require some form of post-secondary education. Workers with these jobs currently earn the highest median income among workers from all major occupational groups used by the Department of Labor to classify jobs (DOL, 1994). They include executives, administrators, managers, professionals and skilled technicians in service occupations. In the next 10 years, close to 6 million of these positions will open up, many in the health care field (Centron, 1994).

Service jobs, which require less academic credentials, will also increase at rates faster than the average between now and the year 2005. Earnings for jobs in this category are about *40% below* the average for all occupational groups in 1992, the lowest among all nine occupational categories. Almost one-third of the workers in this category had less than a high school education in 1992 and twice as many worked part-time than the average of all workers (DOL, 1994). While the economy is projected to continue to generate jobs into the next century at all levels of education and training, most of the employment growth will be in the service-producing sector. By 2005, service workers will become the largest employment group, followed by professional specialty workers.

The prospect for employment in the production sector continues to look bleak. These jobs have been lost, sent offshore, or "given" to robots. (For example, in 1977 it took 35 hours to assemble an automobile. By 1995, with the help of robots, it will take 8 hours (Reich, 1991).) The information age economy in developed countries only requires a production workforce of less than 10% of the total. Production jobs have become technology and knowledge based (Drucker, 1994), requiring more education and training than they needed in the past.

Opportunities and Challenges

Current job projections suggest continued growth, especially in service related jobs into the 21st century. Many of these jobs present opportunities for individuals with certain types of disabilities, especially those who may have been closed out of traditional job markets because of physical requirements. New jobs will rely on intellectual and interpersonal skills rather than physical prowess. This trend suggests that more opportunities will be available for those with physical and sensory disabilities who can interact with the new technology of the workplace.

Preparing people with disabilities to qualify for the jobs of the future is the primary challenge. Without meeting the training challenge, the promise of the ADA, based on people with disabilities being qualified for jobs, will never be realized. Preparing people involves addressing both academic and literacy requirements of jobs and the basic non-technical skills employers need. The results of the National Literacy Survey (1993) found that "without exception, adults with any kind of disability, difficulty, or illness were more likely to perform in the lowest literacy levels than those in the general population." The Harris Poll (1994) found that persons with disabilities are less likely than their non-disabled peers to have a high school diploma (25% as compared to 12%). The good news is the percentage of those with disabilities failing to complete high school decreased from 40% in 1986 to the 25% figure.

Notwithstanding the difficulty in finding resources to address educational needs in times of federal budgetary cutbacks and private rehabilitation cost containment measures, more must be done. An analysis of state and federal rehabilitation system's performance in relation to *Workforce 2000* (1987), found that the number of rehabilitants sent to college or university was only 10.9% in 1985, the lowest in a decade. Yet, almost a third of future jobs will require a college degree. Training in trade and vocational schools was up more than 13% however, the greatest increase ever.

Specialized jobs and increasing training costs will require that more employers conduct training in house (Waldrop, 1994). While larger companies may be able to assimilate these costs (half of the costs of formal jobs training is paid by two to three hundred of the largest companies (Cetron, 1994), small employers may find training a hardship. But, according to the current labor secretary Robert Reich, business needs to do more. "Skills learned on the job or in work related settings are especially valuable. But with some exceptions, companies do too little training and concentrate on workers who are already skilled. We need a new social compact with business" (1994).

Traditionally, the non-profit rehabilitation arena has provided interpersonal skill (e.g., social adjustment, social skills training) and job readiness that addresses many basic non-technical skills. These programs should be reviewed and revised in light of new workplace skills requirements for flexibility, adaptability, creativity, team building and critical thinking. Teaching these softer skills will be a challenge and may require research and demonstration projects to develop effective training approaches. On a related matter, all aspects of vocational rehabilitation practice, including those related to vocational testing and career guidance, will need to be re-examined in light of future demands. Many of the jobs that formed the basis of certain vocational assessment systems and career interest inventories are not relevant to the future workplace.

To address training (and other) challenges, more collaboration between business and industry, vocational rehabilitation, labor and other groups is needed. Existing examples include: (1) Projects With Industry which joins business, industry and labor with rehabilitation to train and place workers according to workplace needs; (2) Supported employment programs which provide intensive training approaches tailored to the needs of the individual and the workplace; and (3) The High School/High Tech program (PCEPD, 1993) which encourages high school students with disabilities to pursue careers in science, engineering and technology.

Issue 2. Labor Shortages: Where have all the workers gone?

Future projections suggest that there will be more jobs than people to fill them. It has been seven years since *Workforce 2000* forewarned that a workforce that was growing at its slowest rate since the 1930s would have severe implications for business by the year 2000. A lack of teenage workers is a major reason. Between 1985 and 1995, the number of 18 to 24 year olds will have declined by 17.5% (Reich, 1991). Although restructuring of the workforce temporarily masked the impact of shortages, competition for workers is expected to heat up again at the onset of the 21st century.[2]

Workforce 2000 also explained how demographic changes would result in an increasingly diverse and aging workforce. Minorities, women and immigrants were expected to account for most of the growth in the labor pool. For example, by the year 2000, 62% of women will be in the labor force and one in four workers will be from a minority group. Many will not speak English and most larger corporations will have special offices that deal with minority concerns (Waldrop, 1993). A climbing retirement age, to 70 by the year 2000 (Cetron, 1994), coupled with the aging of the baby boomers will result in an older workforce. By the year 2000, one fifth of the labor force will be between the ages of 45 to 54 (Waldrop, 1993).

Opportunities and Challenges

A shrinking labor pool has obvious positive implications for the employment of people with disabilities. Both the rehabilitation and human resource literature regularly cite the mutual advantages of meeting labor force demands with workers who have disabilities, and futurists predict that shortages will pave the way for jobs for people with disabilities. But the actual data about employment among people with disabilities raises questions.

According to the 1994 Harris poll of people with disabilities (NCOD, 1994), the number working full time declined from 24% in 1986 to 20% today. The number of part time workers remained the same. In 1986, only 33% of working age Americans with disabilities (16 to 64 years old) had jobs. The figure declined to 31% in 1994. Only 7% of those working found their jobs through special programs; half found their jobs through personal contacts. Yet, as previously noted, increasingly people with disabilities are completing high school and becoming more academically prepared for the workplace of the 21st century. While survey and research repeatedly indicates that business has had positive experiences with hiring persons with disabilities, employers identify a failure to find qualified candidates as the reason for not hiring more. Further, many businesses are unaware of vocational rehabilitation and special hiring programs. Vocational rehabilitation needs to develop the opportunity to serve as a talent broker for business in the 21st century. As the next issue discussion will further illustrate, businesses are open to strategic alliances and effective vendor relationships to meet their human resource needs. Vocational rehabilitation could become such a vendor. Computer bulletin boards, networking and an integrated business environment of the 21st century are among the resources and concepts that can be applied to this challenge.

The attention to diversity issues in the workplace provides a forum for addressing discrimination based on disability as well. Many businesses fully recognize the need to adopt multicultural approaches to maintain a competitive advantage in the marketplace. Workshops are held, books and articles written, and consultants hired but disability as a diversity issue is given only cursory mention. The dynamics of unconscious bias and institutional prejudice that have effected individuals from culturally different groups play a role in attitudes towards persons with disabilities. Diversity awareness activities can be exploited to foster positive awareness and to counteract discrimination against those with disabilities.

---

[2] Current trends indicate that there will be a new surge of workers in abut 2010 (Reich, 1991)

To truly optimize the workforce and promote participation of people with disabilities in employment, disincentives to working need to be minimized. More than a quarter of those surveyed by the 1994 Harris poll said they would risk losing benefits or insurance if they worked. Many people with disabilities might be willing to risk cash benefits, but are fearful or unwilling to lose entitlement-based health care coverage if they become employed. This is a very real issue. In 1993, 76% of college educated employees were covered by employer-sponsored health plans, whereas the rate was only 36% for high school graduates (Reich, 1994). With expected increases in part-time employment and other alternative work structures that will have questionable benefit coverage, resolving the health care dilemma will become even more critical.

Issue 3. New Work Structures: To be or not to be employed

Drucker calls the information age worker, those highly skilled professionals and technicians who generate new ideas, knowledge workers. The employer of tomorrow will do more to find, keep and develop valued knowledge workers. Those individuals who are able to keep up with the changing business environment will find new opportunities for personal and professional satisfaction. Telecommuting and work-at-home policies, made possible by technology, will become acceptable alternatives to going to the office. Benefit programs should improve and pension plans made portable for those with full-time, permanent jobs. Companies will become more family-friendly reflecting the changing values of a workforce.[3]

In the workplace of the 21st century, increasing numbers of individuals will work but not have a permanent job. According to one scenario the typical business will have a group of core workers who will be responsible for essential functions. This core group will have broad skills which allow them to function in a variety of jobs. They will be highly prized and remunerated. A crew of "just-in-time workers," also called the contingent workforce, will support the core group. Retained through temporary agencies, consulting firms or under individual contract to meet shifting work levels, they will provide specialized services on a time-limited basis.

As another streamlining and cost containment measure, some functions will be outsourced (contracted out) to businesses who will provide needed services on a regular on-going basis. Although these alternatives to hiring full-time workers will not make permanent, full-time employees extinct, they may become endangered. By some estimates, one of out four of today's workers is a "contingency worker" (this group actually includes doctors and professionals as well as consultants). By the year 2000, up to half might be (Fierman, 1994). The number of part-time workers will also rise, especially among service workers. One obvious concern will be the status of benefits, and especially health care coverage, for these workers.

Due to opportunities created by alternative work structures and other factors, entrepreneurship will be on the rise. Many new starts will be very small. For example, of the two million new businesses that Dunn and Bradstreet evaluated in 1993, 20% were one and two-person operations (O'Reilly, 1993). Some of these new businesses may take the form of the virtual corporation, an organization that may be just one or a few individuals effectively networked, to "virtual employees" who are ready to take on contained project assignments and are willing to disband when the work task is complete. Computer bulletin boards will play an instrumental role in the recruitment of virtual workers.

For those who do have permanent jobs, it will not equate with job security. In the next ten-year period, those in full time permanent jobs can expect to shift careers once and hold jobs with three different employers (Krannich and Krannich, 1993).

Opportunities and Challenges

Many workplace changes that are designed to enhance the productivity and flexibility of workers in general will make it possible for many people with disabilities to work, period. The new attitudes created by flexible work policies and attention to diversity issues should generalize to people with disabilities and the accommodations they require as well. The costs of tools to support the knowledge worker go beyond what was typical in a manufacturing economy.

The trend towards home-based employment, flexible work hours and flexiplace will make it possible for many people with certain types of disabilities to work in environments conducive to their productivity without the energy drain of preparing and getting to work. Over 23 million Americans currently work at home. Several long-term projects have demonstrated the effectiveness of home-based employment for people with disabilities (Wilhelm, 1993). With the past rehabilitation focus on mainstreaming and integration efforts, these projects were abandoned. But in the information age, home-based employment is expected to become a regular and acceptable way to work for anyone. Since an increasingly accessible public environment and expanded telecommunications will open up non-vocational options for integration, home-based employment warrants another look.

In the information age, entrepreneurship also deserves more attention as a viable work option for people with disabilities. In rural areas, inner city neighborhoods, or communities where jobs are scarce, job creation in the form of self-employment has particular appeal. The international development literature provides models of entrepreneurship training, business support and mentoring, and innovative credit programs, including revolving loan schemes where repaid loans are recycled to help others. Some systems to support entrepreneurship are already in place in this country, such as the activities of the Small Business Administration and university and college based business incubators. More research of entrepreneurial approaches is needed and vocational rehabilitation professionals should develop expertise in business development.

---

[3] A recent study shows that workers want more time for self and family and, especially among younger workers (age 18-24 years), are less likely to sacrifice self, family or education to advance career (Galinsky, et al. 1993).

Small businesses will not only increase but as noted will create most of the new jobs. That is good news for people with disabilities. Research and anecdotal evidence suggests that small businesses are more open to hire people with disabilities, first-time job seekers, and those with disrupted work patterns (Drury, 1990). Activities designed to foster hiring of persons with disabilities in small business should be an integral part of vocational rehabilitation plans and services.

The changing workplace suggests opportunities for those with severe disabilities. In the past contract work was the basis for work in sheltered workshops; it also was a vehicle for work that involved work crews, enclaves and other more integrated approaches to supported employment. In the 1980s, some vocational rehabilitation programs began linking with temporary employment services, or established their own, to assist persons with disabilities ease back into the workplace. The 21st century should provide opportunities to develop innovative work services. Ones that might be considered include the development of employee-owned cooperatives like those demonstrated internationally or a revisiting of affirmative industry models. Such projects could theoretically achieve the goals of competitive employment (e.g., integrated work settings, good wages) and still provide an alternative for those with disabilities who may not be ready for permanent, full-time jobs.

The flexibility required in the new workplace could create formidable challenges for the integration of workers with certain types of disabilities who need a consistent and a stable environment to maintain their composure and ability to perform. The very nature of essential functions could require certain "soft" skills related to flexibility that might exclude some individuals. Conversely, the alternative structures will make it possible for people to move in and out of the workforce without the stigma. Innovative, appropriate, acceptable accommodations may need to be designed to assist persons with disabilities, especially those with psychiatric, attention deficit disorders and neurological impairments.

Finally, career development strategies will need to be adapted to accommodate the new workplace. The idea that a career means one line of work, that a job means permanent employment, that advancement means moving "up" a career ladder, and that training happens at the beginning of the career, are already outdated concepts. Trend analysis, contingency planning, and the development of portable (transferable) skills will become important features of career counseling and planning in the future (Barner, 1994).

Issue 4. Technology: The Good, the Bad and the Unknown

Use of information and communication technology will become critical to success in the workplace of the 21st century for the worker and the successful business. Computers will become ubiquitous, a regular part of the environment rather than tools used for specific tasks. By the year 2000, virtually every urban dweller will have contact with computers at home or at work (United Way of America, 1989). Computers will be joined by a massive global network that will link the video, telephone and cable television lines through the phone system. The implications for home-based employment have been noted; learning and training will also be dramatically influenced.

Artificial intelligence and virtual reality will revolutionize life and work in the 21st century, even more than the microprocessor did in the 20th (Coates, 1994). Artificial intelligence has the capacity to mimic the human mind and "smart machines" may eventually match human speech, vision, language, communication and thought (Coates, 1991). While it will allow business to solve problems and analyze data in ways not currently possible, it will also be responsible for further displacement of certain types of jobs.

Opportunities and Challenges

Technology makes it possible for some individuals with disabilities to compete and have access to high skilled, better paying jobs. For many, it is the great leveler. For example, Vice President Al Gore had been communicating with the White House on-line forum operator for some time before he learned that she was both deaf and blind (Baig, 1994). Such interaction would have been improbable just a few years ago.

Exploiting technology to enhance opportunity continues to be a challenge. For example, many older people with disabilities, and those displaced from manufacturing and non-automated jobs, for whom the computer is a frightening complex tool, need technology training to become part of the new workforce. Funding for assistive technology will continue to be problematic. But an even graver concern is the long range implication of a workplace based on information technology, not only as it relates to people with disabilities, but the entire population.

The picture of a revolutionized, highly technical workplace, where workers are prized, jobs are challenging and co-workers are highly communicative colleagues is a positive one. Some argue, however, that only the richest, the smart and the technologically inclined will be able to take advantage of this workplace (Baig, 1994). Where does that leave the poor, the not-so smart and the "technology-arrested". Further, what will be the impact of robotics, of further automation, and of smart machines on those jobs that are more mundane and routine?

The further we look into the 21st century, the more likely technological advances will consume certain types of jobs (Reich, 1991; Lerner, 1994). How will these jobs be replaced? Where will those workers go? How will they survive, if their skills are not needed by the virtual corporation or the contingent workforce.

Those people with disabilities who have the capacity to thrive and survive among the intellectual, technological knowledge workers should prosper. But what of those who cannot? If robots replace fast food and assembly line workers, where will the jobs be for those who do not have knowledge-based skills and abilities? Will the technologically advanced, knowledge-based workplace of the future create barriers for the mentally and emotionally impaired as severe as architectural barriers are for those with physical disabilities? Will technology liberate some and handicap others?

Business and industry, working with the government and other vested groups, needs to further assess the impact of technology on jobs and the implications for all workers. It goes to the heart of an evolving work structure that could polarize developed nations into the high paid, high skill, elite knowledge workers and technicians, and the lower paid, less educated service workers, whose jobs may lack benefits, security, and dignity (Drucker, 1994; Reich, 1991). Because people with disabilities as a group are poorer, less educated and less likely to be employed now, they are more likely to be forced into the ranks of the latter class of workers. To minimize this outcome, more people should be trained for the high skilled technical jobs of the future (Reich, 1994). The ADA is one of the safeguards that guarantees the rights of people with disabilities to education and training resources. This paper turns to the topic of the ADA, particularly the issue of reasonable accommodation.

Issue 5. Providing Reasonable Accommodations: The ADA Way

Business as a provider of reasonable accommodation, traditionally a vocational rehabilitation function, is totally consistent with the demands of the new global business environment. The reader is reminded of Drucker's distinction between knowledge workers who are served by machines as opposed to their predecessors who served the machine. In the information age, employers will provide employees with the tools, equipment and resources needed to perform their work at optimal levels. Under the ADA, they must extend this business practice to persons with disabilities. The ADA requires that employers provide reasonable accommodation to assist qualified workers perform the essential functions of the job. (Exempted are employers of less than 15 employees and those for whom it is an undue hardship.)

In some cases, reasonable accommodations takes the form of providing assistive technology (a manifestation of the machine serves people concept), job restructuring, or relaxing a policy. As technology advances some of the devices that are required by people with disabilities will become more common workplace tools. Similarly, increased flexibility in the workplace related to flexitime, flexiplace, and home-based employment may make the need for "special" accommodations unnecessary, or at least more acceptable.

Since the ADA also requires that business and industry remove all discriminatory practices from hiring and employment processes, it is fully consistent with the needs of the workplace to optimize human resources and accommodate diversity. The findings of a Gallup survey commissioned by the Electronic Industry Foundation are therefore not surprising: 86% of businesses surveyed favored the ADA (EIF, 1992). However, according to ADA expert Griffin Bell, although employers want to comply, they need help in understanding how (Laab, 1994). The EIF poll provides concrete data, only 14% of employers described themselves as very familiar with the act and 44% as somewhat familiar, leaving a full 31% of business unfamiliar with the law. Most expressed little knowledge of organizations that serve or represent individuals with disabilities and a full 87% did not know what impact the ADA would have on their companies. Larger companies as compared to smaller were more likely to have an established policy for hiring persons with disabilities, but a full 92% of companies reported that they had no policy or implementation plan at that time. While it is interesting to note that many businesses feel that the ADA will have a positive impact on their companies by increasing the potential pool of workers (Wilhelm, 1993; Ledman and Brown, 1993), it will probably not be until the 21st century that its impact can be adequately evaluated.

Opportunities and Challenges

Advocacy groups see the ADA as an opportunity to discuss disability and educate business and industry about the issues. For certain groups, like those representing the mentally ill, a highly stigmatized disability, it is hoped that the ADA will provide an opportunity to come forward on the job without fear of discrimination (Woolsey, 1994). Although many supervisors have been accommodating workers informally, this can now be done openly.

The opportunities for the ADA to move people from the current state of gross underrepresentation in the labor market into employment have positive implications for disabled workers, business, and society at large if the law is fully implemented. According to a study by the National Council on Disability (NCOD), it was remarkable that after one year so much had been achieved. Still information gaps and ambiguities in the law remain.

Employers still seem to have conflict and confusion about reasonable accommodation. According to one study of 85 large national companies, employers were unwilling to make accommodations they felt were too costly, or time-consuming, or those that required deviation from the "corporate culture." Supports were more likely to be acceptable during learning phases of training rather than on an ongoing basis. Employers expressed concern about treating workers "fairly" which they defined as "equally" (University of Maryland, 1993). The concept of fairness may need to be re-evaluated. In the information age, fairness does not equal sameness but an approach that provides all employees with the tools and work environment they need to be optimally productive. Accommodation in this sense reflects the broader issue of general diversity in the workplace and how to support individuals in doing their jobs.

Misinformation and unfounded fears are additional obstacles to full implementation of the ADA. For example, employers have expressed concern that insurance costs will rise dramatically with increased hiring of persons with disabilities. Yet, the U.S. Chamber of Commerce and the National Association of Manufacturers found that 90% of companies realized no increase in insurance costs related to the ADA (Wilhelm, 1993). The EIF poll found that employers are also concerned that the ADA would result in increased training costs, the encouragement of lawsuits, and difficulty in firing a person with a disability.[4]

---

[4] Between July 1992 and May 1994, the Equal Employment Opportunity Commission (EEOC), the federal agency charged with enforcement of Title I, the employment provisions of the ADA, received 27,944 charges of violations. Of these half alleged a discriminatory discharge and one quarter failure to accommodate (Equal Employment Advisory Council, 1994). On July 26, 1994, the ADA's coverage expanded from 264,000 employers with 25 or more employees (protecting 77 million employees) to those with 15 or more employees (extending ADA protection to an additional nine million employees). As of July 1, 1994, the EEOC had filed law suits in 23 cases under the ADA. The EEOC anticipates a total of 88,000 charges in 1994 (EEAC, 1994). Although some experts expect increases as people become more familiar with the ADA (Krantz, 1993), others say that employers should not fear a flurry of lawsuits (Woolsey, 1994).

Additional research and clarification of these issues is needed and information that is available should be further disseminated. According to the NCOD report, a major obstacle in doing so is that the need is beyond what public resources can handle. The study found that cooperative efforts between business and government/non-profit groups had been one of the most effective implementation activities. Clearly, these efforts need to continue. (This is a heartening finding since an early poll (Blank, et al., date) showed that some employers were skeptical about advocacy groups' policy to "educate and negotiate first, and litigate as a last resort" (NCOD, 1993.).

The best way to insure compliance with the ADA is to implement solid, non-discriminatory, job relevant hiring practices designed to find and retain the best workers. This is a message which must be clearly delivered to business and industry, and in particular, to smaller employers who do not have the resources to support human resource and ADA specialists. The ADA represents a tremendous opportunity to increase participation of people with disabilities in the workforce by facilitating entry and by reinforcing programs to help injured and disabled workers return to work.

Issue 6. Disability Management: Information Age Case Study

All the actions and programs designed to control the human and dollar costs related to disability in the workplace are referred to collectively as disability management (Owens, 1993). It includes disability prevention activities, as well as insurance-financed medical care, return to work services, job accommodation, and compensation for lost wages. Disability management programs reflect an employer's overall human resource strategy (Owens, 1993). Assisting people to regain functioning and to return to work is the cornerstone of disability management programs (Kirchner, 1994).

Employers who put a premium on human resources and who seek to attract and retain highly skilled workers are more likely to have such services; those businesses more willing to tolerate turnover, are less likely to have programs in place.

In the information age, with increased attention in attracting and retaining skilled workers, it is not surprising that awareness about the positive benefits of disability management as an integral part of business operation is developing (Washington Business Group on Health, 1994). Since work is part of a healthy lifestyle, disability management programs are increasingly becoming part of the total health and wellness programs of larger businesses.

All employers are concerned about the cost of illness and disability in the workplace. These costs are experienced through health insurance coverage, workers' compensation programs, disability and health insurance benefits.[5] Costs are also derived from the loss of productivity due to the rehiring, retraining and readjusting necessary when an employee is unable to return to the job.

These costs are rising at alarming rates. If current trends continue, worker's compensation costs will increase to $150 billion by the year 2000 (WBGH, 1994). In the past 20 years, they have risen nearly 1,100%, largely due to the increase in medical care costs (Schachner, 1989). Presently employers are spending in excess of $10 billion a year on short and long term disability payments and about $69 billion on workers' compensation programs.

Disability management programs have been reported to be an effective cost containment measure. One source suggests that from 25 to 30 percent savings is realized in the first year after implementing a disability management program that includes both prevention and return-to-work features (Maloney, 1992). Disability management defrays costs related to disability and injury, and preserves vital human resources so critical to competitiveness. It also contributes to the overall wellness of the individual by helping to reduce the onset of secondary disabilities and reducing negatively psycho-social aspects of disability or illness.

Small employers of under 500 employees may only make limited services available and the smaller the employer, the more informal or low budget the services may be (Owens, 1994). Many are joining local business consortiums on health that were originally formed to address raising health care costs but now also address disability, return to work and ADA issues (Owen, 1994). The very small companies rely on the worker's compensation carrier to manage disability, or will provide very informal, personal support (Lechner, 1994).

Large companies on the other hand, are undergoing a major restructuring of in-house disability management programs that are in line with the corporate restructuring and downsizing discussed under Issue #3 of this paper. According to Kathleen Kirchner of the Washington Business Group on Health (1994), although interest in disability management programs is at an all time high, in-house disability management departments becoming smaller. The function is being integrated with related activities such as occupational safety and health, wellness and health promotion, managed medical care, employee assistance and workers' compensation programs. The result will be a continuum of care and one that appears to treat disability in a more normalized fashion.

As part of downsizing, one or more highly skilled professionals (knowledge workers), with a broad knowledge and experience base remains as manager. Essential functions will remain in-house, but other services are and will continue to be outsourced to specialized consultants and smaller businesses. (In-house rehabilitation and disability management professionals in large companies are experiencing the same tumultuous shifts that have been experienced by others in the workforce.) It therefore becomes critical for larger companies to form strategic alliances with appropriate vendors and vocational rehabilitation providers to secure the disability management services that they need.

What does the future hold for disability management? By the year 2000, the incidence of injury is expected to decline by 5% to 7% as the workplace continues to shift from production to information and service jobs (Schachner, 1989). Robotics are being explored to reduce occupational illness and injury in more dangerous manufacturing settings (Lambrinos and Johnson, 1984). In spite of these positive developments, serious concerns related to disability in the workplace loom on the horizon. Health care costs will continue to rise, AIDS is expected to increase significantly, and the changing demographics of the workforce will create additional challenges.

---

[5] It is not the intent of this paper to delve into the complex legal and policy issues related to worker's compensation, health care reform, and disability management in the workplace. The history, issues, and related concerns of this system were reviewed in the 1993 Switzer Seminar Series, *"Private Sector Rehabilitation: Insurance, Trends and Issues for the 21st Century."*

Opportunities and Challenges

The umbrella of disability management has resulted in vocational rehabilitation services moving from the public sector into the private workplace, reducing costs to the public *and* to the business. Through disability prevention and wellness programs, overall health and functioning are maintained and, through disability management, the impact of disability on individuals and their families should be lessened. The high interest in disability management translates into opportunities for small businesses and rehabilitation and disability consultants to further advance these services in the workplace.

Disability management services will need to become more sophisticated to meet 21st century demands. The workforce is aging for a variety of reasons (i.e., demographics, personal economics, extension of the retirement age, and the desire to retain experienced workers). Although aging does not equate with disability, loss of function is associated with advancing years, and disability incidence increases with age. Disability management needs to plan for this trend. Some companies are implementing wellness programs for older workers, but the possibility of increased disability related to age-associated illnesses and disabilities or more severe injuries due to accidents exists (Schachner, 1989).

As women and minorities enter the workforce in increasing numbers, it will be necessary to address the disabilities and chronic illness more common to these segments of the population. For example, depression, lupus, multiple sclerosis and depression are more common among women. Stress related conditions could become more prevalent in an information age workplace where job change, flexibility, high productivity demands, job redesign and role changes, are more prevalent. Business and industry will need to address the possibility of stress related illnesses and disabilities exacerbated by stress, such as certain psychiatric disabilities. (The Employers Resource Center on the ADA and Workers With Psychiatric Disabilities operated by The Washington Business Group on Health is a resource for employers in making accommodations for psychiatric disabilities.)

How to manage chronic illness, including AIDS, cancer, chronic heart disease and other debilitating illnesses is yet another challenge for disability management in the 21st century (Kirchner, 1994). In the case of AIDS, approximately one million Americans are infected with the HIV virus that causes the disease. The majority who are infected now, and who are expected to be infected in the future, are between the ages of 24 and 44. They make up 50% of the current workforce and AIDS is the third leading cause of death among them (CDC, 1992). The Business Response to AIDS program, sponsored by the Center for Disease Control, suggests that businesses develop a comprehensive AIDS program with five essential elements: A written workplace policy, a training component for management and labor unions, an education program for families and employees, and a plan for community involvement to deal with issue (1992). The workplace policy statement outlining and defining the company response to the illness is a key component that has relevance to all chronic illnesses.

Just as many enlightened companies had policies and practices in place that were in alignment with the ADA when it passed, so are there many companies prepared to deal with the crisis of AIDS, not only from the perspective of economic self-interest (Froiland, 1993), but with sensitivity and compassion. As business and industry assumes an ever wider leadership role in dealing with many of the social challenges and problems facing the world, the talents and knowledge of enlightened leaders and companies will be in increasing demand.

Business and Rehabilitation: Working Together in Community

Historically, business has been considered primarily as an economic institution. In recent decades, Hawkins contends (1992) that business has become an important global cultural influence as well. At a time when the credibility and influence of political, governmental, social, educational and religious institutions has declined, business is filling a leadership void. With greater resources and flexibility, business will begin "to assume responsibility for the whole." According to Avishai (1994), "What is 'best' for companies is also, more and more, 'right' for people." Others at the forefront of business philosophy suggest that a fundamental shift in values is transforming the way business operates, and part of the shift is a greater concern for community (Renesch, 1992; Hawkins, 1992).

At the same time, Peter Drucker applauds the impressive work of non-profit community organizations which he calls the third sector. Their greatest contribution will come when they begin to serve as "new centers of meaningful citizenship" for knowledge workers who need greater community connection. Robert Reich (1991) says we need to "assert that our mutual obligations as citizens extend beyond our economic usefulness to one another, and act accordingly" to resolve some of the pressing challenges of the information age.

This paper described the information age, its implications for business and industry and the field of vocational rehabilitation. Six issues were examined: Skill needs, labor shortages, flexible workplace policies, technology, the Americans with Disabilities Act and disability management programs. All pointed to increasing possibilities for people with disabilities in the workplace. The paper proposed a vision of opportunity, a job for everyone who wants to work in a challenging, productive, and economically rewarding capacity that contributes to the greater good. This is not a vision based on charity, but community. People with disabilities, along with many other groups who are economically marginalized, have a right and an ability to work and make a contribution. It will take a commitment of community to break through the intransigent barriers that keeps almost 70% of people with disabilities out of the labor market or unemployed. The barriers are not insignificant: discrimination, lack of health care reform, deficient education and training systems and the need for greater job diversification.

If the figure of 70% is to decline, business, vocational rehabilitation, and the government, must work in partnership with people with disabilities at local, state and federal levels. To be effective, such efforts, for which there are already many examples, must include all members of the community. Not only must people with disabilities be actively involved, small businesses, the structure for job creation, innovation and active community service (Frishkoff and Kostecka, 1991) must not be overlooked. The energies need to be mobilized to seize opportunities and address challenges and obstacles, only some of which have been identified in this paper.

Finally, just as business is increasingly expected to become more socially responsible, so should vocational rehabilitation become more businesslike. As knowledge workers, vocational rehabilitation professionals need to keep abreast of the fast-paced, constantly changing business and social environment in which they practice. They need to work smarter (i.e., use technology to achieve goals and engage in constant learning). They need to listen to and respond in a timely manner to the needs of their customers, a diverse group of individuals with disabilities and business and industry partners. In planning, they need to engage all stakeholders in the process.

As the private sector takes more responsibility to solve social problems like AIDS, homelessness, and substance abuse, the lines between the public and private sectors will fade (United Way of America, 1989). They will also fade as the private sector becomes more concerned with the needs of business. The result may be an entity called "community."

References

ADA and workers' compensation: Americans with Disabilities Act, *Employment Relations Today*, vol. 20, no. 3, September 22, 350.

Albrecht, Gary L. (1992), *The Disability Business: Rehabilitation in America*, Newbury Park: Sage Publications.

Avishai, Bernard (1994), What Is Business's Social Compact?, *Harvard Business Review*, January-February, 38-48.

Baig, Edward C. (1994), Ready, Set — Go On-Line, *Business Week*, June 4, p. 124.

Barner, Robert (1994), The New Career Strategist: Career Management for the Year 2000 and Beyond, *The Futurist*, vol.28, no. 5, September-October, 8-14.

Blank, Rome, Comishy & McCauley, Alexander & Alexander Consulting Group, Inc., (1992), *Advocacy Group and Business Survey on The Americans with Disabilities Act*, Warren Gorham Lamont.

Brown, Dale (1990), Facing the Future: Readying Rehabilitation for the Year 2000, *Journal of Rehabilitation*, April/May/June, 17-20.

Carnevale, Anthony P. et al. (no date), *Workplace Basics: The Skills Employers Want*, The American Society for Training & Development and U.S. Department of Labor, Employment & Training Administration.

Center For Disease Control (1992), *Business Response to AIDS*, U.S. Department of Health and Human Services, Public Health Service, November.

Centron, Marvin (1994), An American Renaissance In The Year 2000: 74 Trends that will affect America's Future - and Yours, *The Futurist*, vol. 28, no. 2, Special Report, March/April, 1-11.

Coates, Joseph F., Jennifer Jarratt, and John B. Mahaffie (1991), The Future of Work. *The Futurist*, May-June, 9-19.

Cost concerns prompt more companies to set up disability management programs, *Business Wire*, April 14.

Department of Labor, Bureau of Labor Statistics (1994), *The American Work Force: 1992-2005*, Bulletin 2452, Washington, D.C.: U.S. Government Printing Office, April.

Douglas, Rick (1992), What a Small Business Needs to Know About the Americans With Disabilities Act, *American Rehabilitation*, Vol 18, No. 4, Winter, 35-36.

Drucker, Peter F. (1993), *Post-Capitalist Society*, New York: HarperCollins Publishers, Inc., 1993.

Drury, David (1990), Workers with disabilities in large and small firms, *NARIC Quarterly*, Vol. 3, No. 1, Winter, page 1.

Eighth Institutes on Rehabilitation Issues (1991), *Human Resource Systems in Rehabilitation: A Catalyst for Performance and Change*, Report from the Study Group, Menominee: University of Wisconsin Stout, October.

Electronic Industries Foundation (1992), *Executive Summary: Baseline Study to Determine Business' Attitudes, Awareness, and Reaction to the Americans with Disabilities Act*, Conducted by The Gallup Organization, Inc., Washington, D.C.: The Electronic Industries Foundation, October.

Fierman, Jaclyn (1994), The Contingency Work Force, *Fortune*, January 24, 30- 36.

Frishkoff, Patricia A. and Alicja M. Kostecka (1991), *Small Business, Research Summary: Business Contributions to Community Service*, United States Small Business Administration, RS Number 113, October.

Froiland, Paul (1993), Managing the walking wounded, employees with grave illnesses, *Training*, vol. 30, no. 8, August, 36.

Future Work (1991), *The Futurist*, May-June 1991, 9-18.

Galinsky, Ellen, James T. Bond and Dana E. Friedman (1993), *The Changing Workforce: Highlights of a National Study*, No. 1. New York: Families and Work Institute.

General Accounting Office (1993), *Americans With Disabilities Act: Initial Accessibility Good But Important Barriers Remain*, Report to the Chairman Subcommittee on Select Education and Civil Rights, Committee on Education and Labor, House of Representatives, GAO/PEMD-93-16.

— (1993), *Vocational Rehabilitation: Evidence for Federal Program's Effectiveness Is Mixed*, Report to the Chairman Subcommittee on Select Education and Civil Rights, Committee on Education and Labor, House of Representatives, GAO/PEMD-93-19, August.

Greenhouse, Steven (1993), Where the Jobs Are: At the Top, Source Unknown, December 2.

Hawkin, Paul (1992), The Ecology of Commerce. *Inc.* April

Hines, Andy (1994), Jobs and Infotech: Work in the Information Society, *The Futurist*, January-February, 9-13.

Holland, Robert C. (1994), Sailing into the Millennium. *The Futurist*, January- February, 60.

Kirchner, Kathleen (1994), Personal Communication, Director of Institute for Rehabilitation and Disability Management, Washington Business Group on Health, Washington, D.C., August.

Kirsch, Irwin S. et al. (1993), *Adult Literacy in America: A First Look at the Results of the National Adult Literacy Survey*, Prepared By Educational Testing Service under contract with the National Center for Education Statistics, Office of Educational Research and Improvement, U.S. Department of Education, September.

Kopp, Will (1994), Inventing the Future: Batelle's Vision of Tomorrow's Technology, *Vital Speeches of the Day*, Vol. 60, No. 8, February, 244-247.

Krannich, Ronald L. and Caryl Rae Krannich (1993), *The Best Jobs for The 1990s and Into The 21st Century*, Manassas Park, VA: Impact Publications.

Krantz, Patricia (1993), A Year Later, ADA impact on firms slight; But experts say number of claims will rise, *Crain's New York Business*, Sept. Oct., p. 42.

Laabs, Jennifer (1994), The ADA: tough subject, straight answers; interview with Americans with Disabilities Act expert Christopher G. Bell, *Personnel Journal*, February.

Lambrinos, James and William G. Johnson (1984), Robots to Reduce the High Cost of Illness and Injury, *Harvard Business Review*, June, 24.

Lechner, Wendy (1994), Personal Communication, Legal Representative, National Federation of Independent Business, Washington, D.C., August.

Ledman, Robert and Darrel Brown (1993), The Americans with Disabilities Act: the cutting edge of managing diversity, *SAM Advanced Management Journal*, vol. 58, no. 2, March 22, 17.

Lerner, Sally (1994), The Future of Work in North America: Good jobs, bad jobs, beyond jobs, *Futures*, vol. 26, no. 2, March, 185-196.

Maynard, Herman Bryant, Jr. and Susan E. Mehrtens (1993), *The Fourth Wave: Business in the 21st Century.* San Francisco: Berrett-Koehler Publishers.

Developing Employment Policies for Persons with Disabilities, *Monthly Labor Review*, Vol. 115, no. 10, 1992, p. 35.

National Organization on Disability (1994), *Harris Report*, Press Release July 21.

National Council on Disability (1993), *ADA Watch - Year 1: A Report to the President and the Congress on Progress in Implementing the Americans with Disabilities Act*, Washington D.C.: Author.

Norris, Jeffrey A. (1994), *Memorandum: An Update on the ADA After Two Years of EEOC Enforcement*, Washington, D.C.: Equal Employment Advisory Council, July 15.

O'Reilly, Brian (1992), The Job Drought, *Fortune*, August 24, 62.

Outlook 2000: Occupational Employment (1989), *Monthly Labor Review*, November, 60.

Outlook '94: Recent Forecasts from THE FUTURIST Magazine for 1994 and Beyond (1993), Bethesda: World Future Society, 1993.

Owens, Patricia M. (1993), Insurance Issues and Trends: A Focus on Disability Management including Rehabilitation, *Private Sector Rehabilitation: Insurance, Trends & Issues for the 21st Century*, eds. Leonard G. Perlman and Carl E. Hansen, A Report on the 17th Mary E. Switzer Memorial Seminar, Alexandria: National Rehabilitation Association, October.

Packer, Arnold (1992), The SCANS challenge: preparing your work force for high performance, Secretary's Commission on Achieving Necessary Skills, *Employment Relations Today*, vol. 19, no. 4, December 22.

Powers, Marie (1990), Business in the 21st Century: A Revolution at Light Speed, *Business Atlanta*, Vol. 19, No. 4, Section 1, p. 33.

President's Committee on Employment of People with Disabilities (1993), *Introducing High School High Tech: Promoting Science, Engineering, and Technology Careers for Students with Disabilities*, September.

Reich, Robert B. (1994), The Fracturing of the Middle Class, *The New York Times*, August 31, A19.

— (1991), *The Work of Nations: Preparing Ourselves for 21st-Century Capitalism*, New York: Vintage Books, 1991.

Reisenwitz, Eric (1992), A second look at the ADA, ADA should be seen as ally in improving productivity, *Business Insurance*, November, 23.

Salvaging injured workers: The trend to Self-Insurance for Workers Compensation Has Created a New Career Title, *Focus*, December 1, 30.

Schachner, Michael (1989), Aging workforce will trigger more severe comp claims, *Business Insurance*, April 24, 38.

Schwartz, Gail E., Sara D. Watson, Donald E. Galvin, and Elise Lipoff (1989), *The Disability Management Sourcebook*, Washington, D.C.: Washington Business Group on Health/Institute for Rehabilitation and Disability Management, Fall.

Stewart, Thomas A. (1994), The Information Age in Charts, *Fortune*, April 4, 75-79.

Tanasichuk, Kristina A. (1993), *The Annual Review of Disability Management*, ed. Kathleen A. Kirchner, Washington, D.C.: Washington Business Group on Health.

United Way Strategic Institute (1989), *Nine Forces Shaping America*, United Way of America, Bethesda: World Future Society, 1989.

University of Maryland, Center on Aging (1993), *The Americans with Disabilities Act: Ensuring Benefits for Older Workers with Disabilities*, College Park, MD: University of Maryland, Center on Aging and National Eldercare Institute on Employment and Volunteerism, October.

Waldrop Judith (1994), You'll Know Its The 21st Century When ..., *American Demographics*, December, 23-27.

Warwick, Jacquelyn (1993), Small Business' Involvement in Societal Causes: An Empirical Investigation of Social Responsibility Self-Interest Perspectives, Small Business Administration, Order No. SBA-89-2241.

Washington Business Group on Health (1993), *A Vision For the Future of Disability, A report of the meeting* entitled Building a Framework for the Future: A Corporate Leadership Seminar on Disability Management.

Webber, Alan M. (1993), What's so new about the new economy, *Harvard Business Review*, January, p. 24.

Wilhelm, Paul G. (1993), Productive employment for the handicapped: Compliance strategies for the Americans With Disabilities Act, *SAM Advanced Management Journal*, June 22, Vol. 58, No. 3, p. 9.

Woolsey, Christine (1994), Employers Unsure of Liability from Bias Allegations by Mentally Disabled, *Business Insurance*, June 27, p. 3.

Workforce 2000: Work and Workers for the Twenty-first Century (1987), Indianapolis: Hudson Institute, Inc., June.

Debra A. Perry's paper "The Information Age: What it Means for Business and Vocational Rehabilitation", offers an excellent, comprehensive overview of the state of the art of vocational rehabilitation and its relatively recent emergence as a new, bona fide part of the marketplace. In fact, Perry states emphatically that business and industry will be a significant, defining force in shaping the character and methodology of vocational rehabilitation in the 21st century. She also mentions the critical role the projects with industry partnerships have played in cementing this important development.

The bulk of the information age with its accelerated rapid changes in technology and the computerization of the marketplace, she tells us, is creating an exciting scenario in which the individual with a disability can be "programmed" to compete on an equal basis. There is a giant step, a milestone if you will, which will further bring vocational rehabilitation, business and industry, together as partners on this exciting new era. The "capacities" of the client, e.g., intelligence, special schools, education and training, interpersonal skills, motivation, all become critical "marketplace products" to enhance his/her worth as a producer of products and services.

The V.R. program and business and industry, now are bona fide partners in identifying potential workers and entrepreneurs for the American marketplace. With this scenario, individuals with disabilities now could be in the eve of a new golden age of opportunity and success.

Perry's paper portrays for us a new exciting era for vocational rehabilitation. Its alliance with business and industry in the American marketplace will broaden as well as create new opportunities for V.R. clients. The implications for progress are exciting for both V.R. and the millions of potential workers with disabilities who will help shape the character of the 21st century.

Angela Traiforos

Ms. Perry provides a sterling portrayal of the business-vocational rehabilitation nexus and the impacts that the information age will have on that nexus in the future. The core thesis presented in the manuscript is particularly relevant given the recent, and probably continued, resurgency of employment as an outcome of rehabilitation program.

The thesis is that vocational rehabilitation and business are inextricably connected. And, as opportunities in business expand, employment opportunities for people with disabilities will expand, provided the rehabilitation system is positioned to take advantage of the opportunity.

The challenges stemming from the thesis are multifaceted, as noted by Ms. Perry. The challenges include a need to:

- Understand, monitor and use labor market information/trends in a manner that advantages current "job-ready" individuals with disabilities as well as those in the early stages of the vocational rehabilitation process;
- Structure the vocational rehabilitation system so that it is also "leaner, meaner and smarter" and has the capacity to be responsive, credible, competent and reliable; and,
- Continually work toward improving knowledge, structures and interaction by establishing effective consumer input mechanisms.

Judy Norman-Nunnery

This is a big subject, and Debra Perry has obviously done her homework, listing nearly 70 entries in her select bibliography. For anyone wanting an introduction to the issues associated with knowledge work in the 21st century, especially the new workplace skill requirements and their impact on people with disabilities, her monograph is a good place to start.

Perry is probably more hopeful than I am about the possibilities of community action reducing the high rate of unemployment among people with disabilities in the future, but her paper is full of provocative insights, and one ends up reacting to them in a way that challenges some basic assumptions about the role of rehabilitation in an information age. Labor shortages have not resulted in increased opportunities for people with disabilities, Perry notes, since the 1994 Harris Poll shows that the numbers working are actually declining. Small business will be the principal area of job creation in the future, she says, but small business typically lacks the training resources necessary to provide opportunities for hard-to-serve applicants. Even new technology turns out to be a mixed blessing, supporting distance-learning and home-based enterprises, but also allowing us to use "contingent workers". The better jobs in our society are becoming knowledge-based, but fewer and fewer people with disabilities are pursuing advanced training and higher education. Such contradictions abound in any analysis of the future.

Perry's research also raises some disturbing questions. Will the cognitive content of future jobs prove to be as much of an obstacle to the employment of people with disabilities as employer prejudice, architectural barriers, and lack of job accommodations have been in the past? Will more small-business jobs actually mean more jobs for people with disabilities? (Will people with disabilities be ready to seize the opportunities inherent in entrepreneurship and in home-based employment?) If the best future jobs are solving, teamwork, critical thinking, etc., where are these things being taught today? What organizations have responded to this training challenge? And the really big question for the future: Will the shift in values that is transforming the international marketplace necessarily result, at the local and regional level, in a greater concern for community? It's no criticism of Perry and no reflection on her patient research to observe that some of the larger issues raised by her monograph seem to overwhelm the possible solutions.

Jon Lundin

Perry notes that by the year 2010, 90% of the projected workforce, including farmers, teachers, and police officers, will be affected by information technologies, i.e., computer networks, massive data storage systems, and artificial intelligence. Perry predicts that because such development will continue to change at a fast rate, the idea of life-long learning will be the norm for many professions, including those in the vocational rehabilitation community.

According to the author, technology changes will not only affect the role and relationship between vocational rehabilitation services and business but will also add greater complexity. Within the changing complex world of technology and employment, the employment situation for persons with disabilities will most likely worsen if efforts are not made now. These changes can serve as opportunities for persons with disabilities, e.g., employee-owned cooperatives. Perry states that despite these changes, technology can make it possible for individuals with disabilities to compete and to have access to rewarding careers. Vocational rehabilitation services need to exploit technology to make these innovative opportunities possible. Training about ADA, for example, can help educate business on the benefits of employing persons with disabilities and correct some of the misinformation that businesses have regarding this legislation.

Technology of the future is here today and is becoming central for many workplaces in both public and private business. Rehabilitation service providers also need to acquire these skills or at least have a working knowledge of technology in the workplace in order to help their clients. Working at home is now a possibility in a number of jobs that did not exist before; but, it is also good to remember that these advances are slow to come to some parts of America, particularly the rural areas.

And because business continues to be a major force in the success of vocational rehabilitation, students and professionals in vocational rehabilitation need to learn more about business, labor markets, etc.

Jennie R. Joe

Chapter Four

Vocational Rehabilitation: Preparing for the 21St Century - A Labor Perspective

Angela Traiforos

As one who is active in organized labor and professionally concerned with disability and employment issues, I greatly appreciate the privilege of participating in this 18th Switzer Memorial Seminar. I also appreciate this opportunity to offer a labor perspective on preparing to meet the rehabilitation challenges of the Twenty First Century. Looking to the century ahead in seeking ways to improve vocational rehabilitation services is a particularly fitting way to commemorate the legacy of Mary Switzer. Miss Switzer shaped her own era while looking to the future and building upon the past. The VR services available to people with disabilities today bear her stamp.

Those who pioneered our field, including especially Miss Switzer, have left much for us to build on. An important part of their legacy is the creative partnership between VR and private industry, which she greatly expanded through the creation of PWI and other means. It was also under her leadership that a new beginning was made to bring organized labor more fully into this partnership that has done so much to expand career opportunities for people with disabilities.

Now it is the task of those of us who have inherited these responsibilities to guide VR along the course so ably charted by our predecessors. In staying this course, I believe we are realizing many of the hopes of those who pointed the way. Today we are bringing into the work force people with disabilities so severe that even in the very recent past they would have been past over as being "unfeasible." We are opening high technology and professional opportunities to these individuals in unprecedented numbers. And we have made dramatic advances on the legislative front that build on the past and open the way to even greater achievement.

Could we be doing more with the resources now available to us? I believe we could. And I believe that if Mary Switzer were here today she would take action to see that we do. Those fortunate enough to share personal memories of Miss Switzer will not forget how her unceasing demands translated into uninterrupted achievement. I believe that she would be gratified— and maybe even impressed— by the many thousands of people placed in jobs under union auspices during the last two decades, including 13,000 placed by IAM CARES. I am sure that she would note with approval the impetus that organized labor contributed to efforts to win enactment of the Americans with Disabilities Act and other measures supportive of rehabilitation. But she never was one who left any business unfinished, such as ensuring that the resources of organized labor are used by the VR community on behalf of those we serve. It is easy to visualize Mary Switzer moving forthrightly to achieve this goal.

How can one presume to envision how Mary Switzer would respond to contemporary circumstance so long after her historic contributions had ended and leadership had been passed to others? Call it educated guessing. Through the force of her personality and leadership, Mary Switzer thoroughly imbued her own staff and many contemporaries with her ideas and principals. Three of her disciples who served on her staff have been my close associates in the IAM CARES family and have been indoctrinating me for years in the philosophy and approaches that are a part of her legacy.

One major reason behind the high productivity of the VR system today in placing people with disabilities in jobs is that rehabilitation professionals have long made a conscious effort to understand the needs of employers and to satisfy those needs. I believe that a major reason why the VR com-

---

Angela Traiforos, Executive Director, IAM CARES, Upper Marlboro, Maryland.

munity is not deriving greater benefits through closer relations with organized labor is that too many people in our profession do not understand unions or how they work. Four years ago, as a Switzer Scholar and President of IAM CARES, Charles E. Bradford made a perceptive observation which merits quotation in this context "... if we are to reshape future employment opportunities for individuals with disabilities, I believe these people will have to use every additional resource available to them in order for them to become employed and retain their jobs. In my view, an important resource that has been overlooked entirely or used only minimally is the trade union movement represented by America's labor unions." This observation is intended as constructive criticism and not as a finding of fault; the aim is to call attention to an area that we believe needs attention.

On the basis of personal experience I can well understand and appreciate an unfamiliarity with labor unions. When I left the staff of a VR agency in 1980 to join a pioneering union-sponsored PWI project, I knew little about organized labor and even less about the International Association of Machinists and Aerospace Workers (IAMAW), my new employer. The very first thing I learned is of special significance: unions, no less in the rehabilitation community, are people-oriented. To them, people are individuals rather than the collective substance of "manpower" or simply names on computerized payrolls. This is what unions are all about: the well being of men and women at work and the opportunities available to those who need work. As a rehabilitation professional I found immediate comfort in the labor environment and quickly became a dedicated trade unionist.

Without the understanding of employers' needs that is so essential to VR services, the critical job placement function of VR would founder. While VR processes can and do proceed in the absence of an understanding of unions and their functions, my experience over the past 15 years convinces me that our profession and those we serve would benefit significantly if a wider understanding of unions existed within our field. Unions have much to offer in our common aim of helping those whom we serve.

To better visualize how union resources could be used to advantage in rehabilitation, it is well to consider first some of the functions and needs of unions. While the legal obligations of labor unions relate specifically to their members, unions traditionally have been a source of help in cooperative efforts to improve the working lives of all Americans, including those with disabilities. This is a tradition that is as old as the labor movement itself.

Union locals have deep roots within the communities in which they operate and can be valuable allies of VR at the level of service delivery. In many instances they have early knowledge of job openings in establishments where their members work. They monitor state and local legislative initiatives that could affect workers and they often can influence such legislation for the benefit of workers and job seekers. In union shops they can and do assist employers in effecting appropriate job accommodations for workers with disabilities. Union shop stewards routinely provide on-site support to new employees which in many cases is of critical importance to those with disabilities.

Organized labor can be a resource in helping to secure local funding for job placement and other programs benefiting people with disabilities through the use of JTPA funds allocated by the Department of Labor. This help could be of particular importance in meeting the needs of youths with disabilities in their efforts to make the transition from school to work. It also could be of major importance in assuring that JTPA supported programs that provide employment assistance for displaced workers also include those who have disabilities. Such programs now are priorities of the Department of Labor. The legally mandated presence of a labor representative on each Private Industry Council (PIC) that plans and approves expenditure of JTPA money enhances the value of union support of VR activities.

Business Advisory Councils (BACs) and other advisory bodies assisting VR agencies could benefit by the inclusion of greater representation of organized labor, particularly in localities where PWI and other rehabilitative child placement programs are seeking to place individuals with disabilities in jobs covered by union contracts. Even apart from employment concerns, labor representatives can provide balance and valuable perspectives on legislative and other issues that are important to the rehabilitation community.

Whereas unions can and do recommend individuals to employers for jobs, it must be borne in mind that employment decisions are the prerogatives of the employer and not the union. When an individual with a disability is employed in a union shop, the union immediately assumes the role of friend, mentor, and advocate in the work place of that individual on the job. It is important to bear in mind that, within any bargaining unit of an employer with a labor agreement, the law requires the union to represent members and nonmembers alike, regardless of disability status.

There are, of course, different types of unions, just as there are different types of employers. Some of the defining criteria may be related to type of industry or business activity: there are industrial, construction, transportation, and public service unions. Vocational rehabilitation counselors and others working with these unions on behalf of people with disabilities should become acquainted with the characteristics of those unions with which they have regular contact. Like other organizations, unions are structured, and it is essential that those who work with unions have some understanding of their organization in order to make the right contacts and deal at appropriate levels.

In establishing and cultivating useful relationships, understanding of some of the current concerns of organized labor can be very helpful. Most VR counselors are cognizant of technological advances and related factors that are reshaping the American workplace. Significant changes are affecting processes and organizational features within the workplace as well as the way individual workers are performing their tasks and relating to supervisors and co-workers. The trend today is toward more decentralization, greater latitude for initiative on the part of the individual worker, and an approach to managing that no longer is a one way street. What we are seeing today is nothing less than a far reaching democratization of the workplace.

In many instances dynamic industrial change is altering in a positive way the manner in which union representatives and managers bargain collectively and interact with one another. My union, among many others, envisions an equal partnership that combines workers and management in what we call "High Performance Work Organizations" or HPWO's. It has been a common practice for workers and their union representatives to be kept out of decision making or matters affecting their work and how it is performed in spite of their potentially valuable hands-on experience. In order to survive in today's competitive world, progressive managements as well as union leaders recognize the necessity for replacing outmoded exclusive top-down industrial processes with HPWO's that utilize the neglected ingenuity of the American worker.

With Executive Order 12871, "Labor-Management Partnerships", the federal government is showing the way by offering federal employee unions a more balanced relationship between management and labor. Today, organized labor wants and expects a full partnership between the unions and their members on one hand and management on the other. This involves shared decision making within the industrial process to design, build, and market high quality products. It involves the integration of leading edge technology with continuous learning and skill development that takes advantage of knowledge and experience of front line workers.

Built upon the historic beliefs of organized labor, the partnership envisioned in HPWO's will lead to restructuring workplaces and jobs. This will come about in such a way as to provide higher levels of worker participation and enhance opportunities for workers— including those with disabilities— to increase their skills and value. Five important principals must come into play:

- The separation between thinking and doing will end.
- Workers will be free to use their skill, training, and ingenuity to do the right thing instead of merely the prescribed thing.
- The multilayered hierarchy will give way to a flatter and more democratic structure.
- Workers will have decision making roles at all levels of enterprise.
- Rewards from the new systems will be shared more equitably.

While unions have always sought fair wages and optimal working conditions, these— as the new initiatives illustrate— have never defined the limits of organized labor's agenda. Since the earliest days, unions have sought to improve the quality of life in the work environment and maximize opportunity for all workers to advance. Note that these aims also are fundamental in the philosophy and processes of VR.

The impact of organized labor's current initiatives and priorities by no means will be confined only to enterprises where labor agreements are in effect between labor unions and employers. Just as the hard won gains in wages, hours of work, and working conditions that unions have achieved for their members have carried over into the non-union segments of industry, historic precedents tell us that the trends underlying the new initiatives of organized labor will permeate the general work environment. When we discuss what organized labor is seeking for union members, we also are dealing with improvements that, sooner rather than later, can be expected to affect the work environment of virtually all Americans on the job. I believe that the accelerated evolution bringing these changes will have significant impact on VR and will produce substantial benefits to the men and women with disabilities who enter the work force with the help of VR services.

Certainly the new initiatives of organized labor will have an early impact on the rehabilitative job placement and related services that are delivered to people with disabilities through programs directly operated under the auspices of organized labor. I refer to the PWI programs and related activities of the Human Resources Development Institute (HRDI) of the AFL-CIO and the Center for Administering Rehabilitation and Employment Services (IAM CARES) of the Machinists Union. Both of these labor-affiliated agencies operate extensive PWI and other employment-related programs for people with disabilities and both have close relationships with employers expected to cooperate in the implementation of HPWO's.

HRDI has been providing employment assistance to people with disabilities along with women and minorities since 1968. The rehabilitative job placement programs now operated by IAM CARES began with the establishment of our first PWI project in 1980. Over the intervening years, both HRDI and IAM CARES have come a long way. Today IAM CARES is one of the largest providers of PWI services in the United States and Canada.

Since the characteristics and activities of HRDI and IAM CARES were described in a previous Switzer Memorial Seminar and are widely recognized throughout the rehabilitation community, I will focus here on updating performance data pertaining to my agency and discussing some conclusions drawn from IAM CARES' experience in applying innovative approaches in various settings. In fiscal year 1993, IAM CARES placed approximately 2,000 individuals in jobs in its 19 service areas in the United States and its two service areas in Canada. In this country we are now placing individuals with disabilities in jobs at a rate of 1,500 a year, and at a rate of 400 a year in Canada. Since our job placements began in 1981, we have placed a total of 13,000 individuals in jobs in both countries. Also since the start of our services, three-quarters of those whom we have placed were classified as being severely disabled.

IAM CARES began its first project devoted to supported employment in 1980, and we now operate such programs in 19 areas. The most unusual of these was established by the Boeing Company in cooperation with the Machinists union in 1989. This program returns to work Boeing employees who developed disabilities during their employment. Most such employees are able to return to their former jobs or other jobs adapted to their capabilities. However, individuals who cannot work without a high level of support are employed through the supported work program. These include individuals with some of the most severe disabilities ever seen in a private industry work setting.

Perhaps the most unique features of this program are its organization and funding. Under a labor agreement negotiated between Boeing and the Machinists union, the IAM/Boeing Health and Safety Institute was established in 1989 to address occupational health and safety issues and training needs of the worker. One of the first initiatives to be developed was the Return-to-Work Program. In keeping with the joint decision making process, a team was selected representing both union and company to study the occupational health and safety issue, make recommendations, implement, evaluate, and replicate the program company wide. The mission of the Return-to-Work Program is to provide the opportunity for the occupationally injured/ill-worker to return to safe and productive employment as soon as possible. The company agreed to spend four cents a year for each bargaining unit compensated hour but not less than $4 million a year in support of the Institute's activities. The first of its kind in this country, the Institute is administered by a board of directors consisting of fifty percent management and fifty percent union representatives. We hope that, in other locations, we will be able to participate in replicating the IAM/Boeing Health and Safety Institute model, including its creative provisions for long-term financing.

IAM CARES, like many other agencies in our field, is placing increased emphasis on bringing into the work force individuals with disabilities that are extremely severe and who, in years past, would have had job opportunities limited at best to sheltered workshop employment. After placement, many of these individuals require support on the job beyond that normally available through PWI programs. An innovative way that we have developed to meet this need is through adaptation of the long standing practice of our union to assign a "buddy" to help every newly employed member become familiar with his or her job and meet the requirements of the work place. When necessary, we in effect extend the buddy system to non-union worksites by making special orientation available to co-workers to qualify them to serve as mentors for our newly employed program participants with severe disabilities. We also are providing extended follow-up by program personnel when this is necessary. In doing this, special attention is given to the needs and concerns of employers, particularly when problems of adjustment can be anticipated.

To assure continuity of IAM CARES services we have instituted special training for all professional members of our field staff to familiarize them with methods of identifying and taking advantage of opportunities to enlist local financial participation in program support. This activity has paid off for our programs and the individuals they serve through increased funding for services from local sources, including employers.

One of the greatest advantages that we derive from our affiliation with IAMAW is access to the union's comprehensive Education and Technology Center made available to us for in-service training. Located in Hollywood, Maryland, this center features a unique academic faculty recruited from major universities, modern classrooms with the latest in audio visual equipment, a computer laboratory with instructor staff, library, conference rooms, individual living quarters, recreational facilities, and shuttle service linking the campus to Washington National Airport. The union makes this facility available to IAM CARES annually without cost. Here our staff members are brought up to date in such areas as legislation, new developments in VR, and economic and employment trends that affect our work. Our courses are accredited by the Certification of Insurance Rehabilitation Specialists Commission/Certification of Rehabilitation Commission.

In looking ahead to the next century, I believe that far reaching changes taking place in demographics, industrial techniques, social attitudes, and legislation indicate a need for greater emphasis on professional development in our field. It is reasonable to anticipate that, at all levels, VR will be facing new and perhaps unfamiliar challenges. Some of these are becoming evident even now. In IAM CARES we are finding a need for greater versatility on the part of our staff that increases the importance of continued staff development and in-service training. As VR agencies become more diversified in their activities, as I believe they will, professional skills must develop accordingly.

To better prepare us for the future, IAM CARES is developing capabilities that reach well beyond our traditional functions of delivering rehabilitative job placement and related services to people with disabilities. We were among three agencies selected by the Department of Education to develop training materials to be used nationally in facilitating implementation of the ADA by various segments of the public. This involved design of an information program featuring the use of a motion picture available in video cassette format developed by IAM CARES. We also developed materials for publication directed to such audiences as employers, union personnel, public officials, people with disabilities, and others directly affected by this law. These materials are being processed for mass distribution.

Further expanding our capabilities, IAM CARES has developed a program to familiarize union shop stewards and supervisory personnel in industry with the aspects of ADA with which they will be concerned. We now are seeking funding to implement this program.

Organized labor and the VR community share many common values and social objectives related to the well being of America's workers, including particularly those with disabilities. The individual unions that make up the labor movement are well established in their communities as well as nationally, and can be supportive of programs that serve people with disabilities. Unions can open doors, promote constructive legislative initiatives that are a common interest, locate job openings, and render technical assistance relating to problems within their areas of expertise. A closer relationship between organized labor and VR can be mutually advantageous and ultimately can be of benefit to many people with disabilities. It is incumbent upon us in the VR community rather than representatives of organized labor to take the initiative to make these relationships a reality. An organized labor presence on our Business Advisory Councils and other advisory bodies can add much of value to our programs.

We in the labor component of the VR community are gratified at the progress that is evident in the growing contributions of people with disabilities to this nation's economy and we are proud to have a part in preparing VR for the Twenty First Century.

The central theme of this paper calls for improved relations between the rehabilitation community and organized labor, a relationship that can be beneficial to both entities. Traiforos cites a number of labor and rehabilitation partnership programs, such as Projects with Industry and IAM CARES, as successful examples of these joint endeavors. IAM CARES; for example is the result of a 1989 labor agreement between Boeing and the machinists union that led to an opportunity to establish a Return-to-Work program: a program which gave the occupationally injured/ill-workers an opportunity to return to safe and productive employment.

Traiforos notes that this model could be used in more workplaces, but one of the major barriers that hampers partnership between organized labor and the vocational rehabilitation community is the lack of knowledge by VR providers, especially of organized labor and its potential for assisting union members who have disabilities.

Bridging relationships with unions is a worthwhile endeavor for the VR providers, but the VR-union partnership has its limitations. One limitation is that these resources are restricted to union members and the other is that the model cannot be replicated everywhere. Some communities have more union visibility than others. For example, this model would exclude rural communities that have little industry and few if any organized labor unions.

Jennie R. Joe

The potential of union involvement in the vocational rehabilitation process has yet to be fully realized by rehabilitation professionals. Ms. Traiforos provided a fundamental perspective on the role of unions for the vocational rehabilitation system of tomorrow. The union-rehabilitation model described by Ms. Traiforos is worthy of serious consideration and replication.

In preparation for the 21st century, an excellent opportunity is offered to examine the role of the union more intensively. For instance, as more vocational rehabilitation agencies institute total quality management programs that stress labor-management partnerships, policies and programs could be developed more comprehensively to ensure active and continuous union involvement in the future. Further, as rehabilitation agencies expand employment services, working with unions will be critical in dispelling notions of employee displacement. Lastly, from an internal operations as well as an external perspective, rehabilitation personnel should be trained to become more effective in working with unions.

Judith Norman-Nunnery

Ms. Traiforos' paper indicates clearly the potential for positive results toward the ultimate goal of gainful employment of persons with disabilities when steps are taken by the VR System to work with the business and labor community. There is no doubt that programs that incorporate the combined efforts of both the labor unions and VR will result in tremendous gains toward employment. These results demonstrate the need for the VR Program to focus more effort toward becoming a partner in the business and labor community.

Taking the idea a step further, I believe improved response and results can be realized if the VR Program begins to strive to become a business peer as opposed to a service provider for business and labor. The VR Program has much to gain by becoming a part of the business and labor community. Instead of presenting the assets of the VR Program to the business community as a service, the VR Program should begin to integrate into the business and labor sectors as a peer. As a cooperative partner, success toward the ultimate goals of the program should become much easier. Ms. Traiforos demonstrates what is possible when the labor unions and VR work together as a team. The same is possible throughout the business community, and will come about with less effort when VR is positioned as a peer within the business sector, postured to help implement labor solutions.

Philip Kosak

Angela Traiforos reminds us that labor unions are "people-oriented" by definition, as well as the natural allies of rehabilitation in the passage of new legislation and the delivery of services. Certainly they are the forgotten partners in the training and placement of disadvantaged adults, for, as Traiforos points out, her own union-sponsored Projects with Industry Program (IAM CARES) alone has been responsible for finding jobs for 13,000 persons with disabilities over the last two decades. Unions are one of the mainstays of the American middle class, whose consuming power still drives the economy and supports our national standard of living. They have long been advocates of employee rights and opportunities for employee advancement, and many of their Return to Work Programs have become models of job accommodation for injured workers. The trouble is that most people in rehabilitation don't pay enough attention to them and don't make an effort to use them to their advantage. Good job placements - and union jobs are almost always well-compensated jobs - are tough enough to achieve these days; we can hardly afford to overlook any opportunity to improve the odds.

Jon Lundin

This paper calls for ensuring that the resources of organized labor are used by the vocational rehabilitation community on behalf of individuals with disabilities. The author believes that this is not happening at the present time due to the lack of understanding by professionals in the vocational rehabilitation field of how unions work.

Unions tend to focus on the needs of individuals who currently work, and on the opportunities available for those who need work, thus making them a natural partner of the vocational program in:

- identifying job openings and employment trends in companies where their members work;
- monitoring and advocating for legislation effecting the workplace; and
- playing a role in brokering reasonable accommodation issues as well as serving as mentors to fellow workers with disabilities.

A partnership with organized labor could assist the vocational rehabilitation system in obtaining greater use of JTPA funds and programs such as school-to-work, displaced homemakers, and others, by having the labor representative on the Private Industry Council advocate for a greater percent of these funds to be used on behalf of individuals with disabilities.

The paper touches on the impact that technology is having on the workplace, changing the way workers do their job. It also reinforces what we already know - that quality management and shared decision making is becoming a way of life in today's work environment.

The goals of organized labor - fair wages and optimal working conditions along with the maximizing opportunity for all workers to advance - are fundamentally the same goals the vocational rehabilitation system has for its consumers.

Organized labor has a long history of influencing workforce trends in both unionized and nonunionized environments. The involvement of organized labor with the vocational rehabilitation program should accelerate the rate at which individuals with disabilities are incorporated into the workforce.

Lawrence C. Gloeckler

Chapter Five

Rehabilitation Education in the 21st Century

Daniel C. McAlees

If there is a theme underlying my thoughts while writing this paper about rehabilitation education in the next century, it would be that of "inclusion, access, and impact."

- ***Inclusion,*** through educational designs which permit applications to individuals respective of and accommodating to locale, cultural heritage, or disability need;
- ***Access,*** for all individuals in forms appropriate to need and which are both available when they are needed and affordable; and
- ***Impact,*** with training outcomes which are measurable, relevant, and valued by all concerned.

This theme is, in part, a reflection of changes taking place throughout government and America that will naturally affect what we will need to do in rehabilitation education in the next century. It would also reflect the issues of relevance and responsibility within rehabilitation education, as viewed through the eyes and expectations of the constituencies of our programs. While we certainly will never gain consensus during our meeting here at the Switzer Seminar, I do hope to stimulate our collective intellects to increase our inherent commitments to people with disabilities, to return to our individual settings with added perspective and better ideas about how to effectively embrace and solve some of the issues rehabilitation education will face in the 21st century. Rehabilitation education will be at a juxtaposition; it will have before it a tremendous opportunity to provide direction for persons and organizations concerned with the impacts and resolution of conditions brought about because of physical, psychological, and functional impairments.

We must seek partners throughout the consumer and the professional communities with whom to work toward clearer and appropriate expectations for rehabilitation education and for each of us as educators and trainers. We need to engage in self-examination and explore the conflicting demands made upon us personally by the shifts in methodological paradigms.

The theme we find in the paradigm shift is not only about social change, though it is part of that. The theme is about changes in demand brought about because of new awareness of need, possibilities for a better reality, and challenges brought to the rehabilitation education enterprise to which many of us have invested significant periods of our professional lives and greater parts of our personal hopes. The theme is about taking the next step into relevance of our rehabilitation education programs.

In the 1970s we confirmed new systems. In the 1980s we would present methods for assurance. In the 1990s we are pursuing coalitions as ways to solutions. In the 2000s, we will need to not only devise rehabilitation around individual needs, we will need to provide services and processes which account for individual differences and accommodate not a single, cultural norm, but processes incorporating multiple heritages. This maturation into diversity demands that each of us look seriously to the possibilities and our roles in expanding or bringing practical meaning to inclusion, access, and impact.

The spirit and the enforcement of newer civil rights laws does not permit us the option to continue the status quo. These laws demand that there be a climate rich for change. Acts and resulting regulations are today widening what can and will be real within America, among Americans with disabilities from within and across all segments of a recognizable diverse American culture.

Changes in Rehabilitation and in Society in the United States

This paper presents my analysis of some of the challenges, trends, opportunities, and realities that I believe will influence rehabilitation education in the 21st century. My

---

Daniel C. McAlees, Ph.D., Director, Rehabilitation Research and Training Center, Professor, Rehabilitation Education, University of Wisconsin-Stout, Menomonie, Wisconsin

view is based upon the premise that rehabilitation education is a force for empowerment of persons with disabilities in our society because it provides an environment that encourages discovery; respects the possibilities of intellectual and social integration, demands of the participants application of both principles and discovered possibilities; and is our mechanism, as professionals, to transmit contemporary knowledge and values to our succeeding generations.

Rehabilitation Education Involvement in Promoting Change

Rehabilitation today is undergoing major and significant changes as indicated by the following trends and significant events: (a) an organized disability rights movement; (b) an increasing emphasis on independent living; (c) expansion of possibilities and guarantees through the Americans with Disabilities Act of 1990 (ADA); (d) continuing growth of supported employment; (e) expansion of consumer control through the 1992 Amendments to the Rehabilitation Act; (f) a focus on career development instead of only job placement; (g) widely based demand for community-based services; (h) a human resource development initiative; (i) trend towards life-long services; and (j) emphasis on serving the most severely disabled. The confluence of these trends, along with others, and the diversity of the nation's population, will continue to affect not only how we envision rehabilitation education programs into the 21st century, but how we go about transforming the enterprise and its basic methodologies.

The issues that will face rehabilitation education in the 21st century are filled with potential for controversy. The field of rehabilitation will be in the midst of efforts directed at the fundamental restructuring of the roles of professionals and consumers. This will involve clarifying the central mission of services, and in altering the primary basis of service delivery. University rehabilitation education programs will be responsible for a continuous search for "truth" (i.e., what does in fact affect conditions of disability) during this restructuring process. It will play the very important role of examining alternatives, even when they challenge accepted political, economic, and cultural values of significant populations present within our constituencies. Vibrant and vital educational programs must, therefore, continue to play a visible role and be clearly heard within many of those controversies which will occur in the next decade (century).

As fundamental changes will occur into the next century, it will be necessary for us to revisit our underlying premises, processes, and the evidence about how to best achieve learning, and how we go about teaching. It will be necessary for us to engage for a time in some learning to learn and teaching how to teach efforts. Rehabilitation education will need to provide a paradigm both for personnel development and the tools designed in keeping with the new philosophies and emerging services that will be required.

Expectations and Who Is Involved

Meaningful choice, inclusion, and career development for people with disabilities require that rehabilitation education develop instructional strategies that train service providers, people with disabilities and their families, and service agencies how to implement: (a) environments which enhance individual choice; (b) a continuous provision of supports each person may require for their success; and (c) an ongoing, intentional re-enforcement of respect for individual differences, whether those differences are related to ethnicity, culture, religion, gender, or disability.

The active involvement of consumers, families, advocates, peer organizations and institutions in rehabilitation services will increase diversity and add more complexity to the tasks and opportunities for enriching curricula for the rehabilitation educator; as will the continuing expansion of scientific, technological and professional knowledge that will become available at this same time. There will also be many societal trends which will require the particular attention of rehabilitation educators in the 21st century; such as:

- A culturally enriched and diversified society;
- The lengthening life span;
- Changing demands for quality of life;
- Rapid technological change;
- Rapid generation of information;
- Significant economic and work place changes; and
- Emergence of new nontraditional disabilities.

Societal Trends

We can expect to see general trends across disabilities that require serious investments in creating changes in society's responses to disability. The following are conditions which rehabilitation education, through the preparation we provide to rehabilitation service providers and administrators, will be called upon to assist in ameliorating as primary change agents:

- Two-thirds of working age Americans with disabilities are not working, 20 percent work full time, and 11 percent work part time. (1994 Harris Survey)
- Eight out of ten working age adults with disabilities who are not employed would prefer to work. (1994 Harris Survey)
- In 1994, 25 percent of people with disabilities had not completed high school. (1994 Harris Survey)
- Each year the ranks of the illiterate swell with 1 million teenage dropouts and about 1.3 million non-English speaking immigrants. (Naisbitt & Aburdene, 1985, p. 152)
- Currently 15 million individuals receive welfare benefits. More than half of those on welfare rolls are long-term recipients.

- Seventy two million Americans have experienced a serious injury, stroke, or other disabling disease; 35 million Americans, or one in seven, have ongoing disabling conditions; and more than 9 million are unable to work, study or live independently. (1994 Harris Survey)

- Work disabilities increase with age - at ages 55-64, 22.2 percent are work disabled. (1994 Harris Survey)

- Between the mid-1980s and the end of the century, about a quarter of all workers entering the American labor force will be immigrants. (Federal Immigration and Naturalization Services, 1987, in Reich, 1991, p. 216)

- Many industries are reducing the size of their work force, while global competition is transferring some jobs to other countries and improved technology is eliminating others. Many of the new jobs being created are part-time or temporary positions with generally low wages and offering few or no benefits. (Government Accounting Office, 1993, p.14)

New Ways of Thinking and New Directions for Rehabilitation

The most important impact these propensities will have on rehabilitation education in the next decade will be a requirement for a new way of thinking and new directions as to how, where and with whom people with severe disabilities can live, learn, and work. This new way of thinking and new directions for services involves a shift from a preoccupation with preparation, care, and treatment to concentration on supporting participation, building on capabilities, adapting environments, and building relationships. The old way of thinking meant offering individuals and families a limited number of options. The new way of thinking will mean assisting individuals and families in identifying what is important to them, empowering them with decision-making, and spending authority to act upon those choices.

Service Changes. New directions for providing rehabilitation services to individuals with severe disabilities will change our expectations about how services are conceived and held accountable in the 21st century. For example:

- Shift from expanding program capacity to increasing service quality.

- Move from fixed and predetermined expectations for persons with severe disabilities to higher and more demanding expectations of the individuals themselves, their families and service providers.

- Move from short term developmental planning to lifelong functional planning based on individual consumer needs.

- Move from providing a service continuum with emphasis on special facilities and programs to seeking service arrays that access multiple diverse resources and providing assistance and support as needed.

- Move from a pragmatic grouping of separate, independent services to recognition of needs for holistic, interdependent and integrated service systems to meet the employment and life needs of different disability groups.

- Move from a system of offering models of service delivery to one where it is possible to create individual support.

- Move from service payment based on community-based program budgets to reimbursement based on vendor performance on individual needs.

Rehabilitation Changes. These new directions in rehabilitation services will have several dimensions:

- Provision of services will be based on the informed choices, strength and needs of individuals with severe disabilities and their families, rather than forcing choice among a narrow range of preset options and approaches;

- Planning for and providing services will be based on what people need and their abilities, rather than requiring more services than are needed or not providing those services which are needed;

- Support for individuals, families, and communities to gain access to the resources will be available in the community (i.e., job, living arrangements, relationships with family, friends and associates rather than places populated only by professionals and other persons with disabilities);

- Services and supports will be coordinated around the life of the individual rather than around the needs of staff and services organizations;

- Abilities of ordinary citizens (i.e., co-workers, neighbors) will be recognized and used to teach people skills, to assist them to participate, contribute and serve as models of appropriate behaviors, and to help develop interpersonal relationships; and

- Habilitation and rehabilitation will be viewed as natural community processes, rather than as insular experiences into which an individual is put and kept from society until the process is complete.

Current Status in Achieving New Directions

These new directions in vocational rehabilitation services all require a closer partnership or relationship between the rehabilitation educator and consumer in order that rehabilitation personnel will be trained appropriately for quality service provision in the 21st century. Although the impact of legislation, national policy, higher expectations, innovative projects, and other activities are beginning to be felt throughout the rehabilitation system, much progress still needs to be made to address the underemployment, inappropriate employment, and unemployment of individuals with severe disabilities. The momentum is building and will be even more strongly felt in rehabilitation education in the next decade.

Current policies, funding mechanism and services which are offered by our rehabilitation programs represent our best efforts in light of what we have perceived as "truth". Recently though, new policies, innovations and findings have encouraged us to explore innovative service strategies and obtain experience with these new ways of thinking and acting. The impact of these new developments in policies and services has not yet been felt in the life experiences of people with severe disabilities. That impact will not be fully realized until rehabilitation education has incorporated these new dimensions in its programmatic curriculum and instructional processes.

Rehabilitation Education's Part in the New Directions

It will be a major responsibility of rehabilitation educators into the 21st century to play an important role in the development of capacity to implement these emerging community-based employment and independent living services for the severely disabled at the local level. It is our collective responsibility to bring together the expertise present among our respective disciplines to programmatically address the fundamental issues of importance to persons with disabilities. We must assure that rehabilitation education programs provide the important knowledge, innovation, and technological underpinnings necessary to assure a constructive impact upon the lives of Americans with disabilities.

Community-based employment and independent living services for persons with severe disabilities have advanced so dramatically in the past decade that an extensive body of behavioral research data now supports an array of effective technological programmatic solutions to community-based employment related problems and provides a foundation upon which we can effectively base our education and training. However, the vast majority of persons with disabilities are still either underemployed or unemployed. Individuals with severe disabilities are virtually excluded from active participation in community living.

In addition, there is a "New Universe of Disability in America. Societal forces, most visible in the inner cities, are creating groups of children and adults with impairments that have not been seen before in the concentrations and magnitudes that are occurring. The causes, including unprecedented youth violence, abuse, drugs, AIDS, and stress, are well known to us" (Kate Seelman, letter to NIDRR awardees, July, 1994). It will be essential for rehabilitation education to prepare service professionals and program leaders who have the knowledge and background to truly make a difference in serving these individuals.

Rehabilitation educators will have to aggressively respond to these challenges and new directions and be committed to equity, excellence and diversity. As part of such proactive responsiveness, involvement and empowerment of individuals with disabilities will need to be emphasized throughout rehabilitation education policy making, goal setting, program design, program evaluation, and instructional delivery. While we must maintain core elements of our curriculums we will also need to develop new directions that address the fundamental problems affecting the lives and economic well being of persons with disabilities and the programs that serve them.

We need to creatively design rehabilitation education programs in recognition of the impacts on our constituency of the extraordinary mainstream trends in population composition, the economy, science and technology, skill requirements, health, information highways, and social unrest. As educators, it is our responsibility to anticipate and explore the implications of these trends for our constituencies.

Taking Advantage of New Learning Technologies

Rehabilitation will continue to experience unprecedented changes during the course of the next decade. New rehabilitation models will make it possible to meet the needs of individuals consistent with contemporary philosophies of rehabilitation. Information technology has already helped foster many of the changes. Increased access to knowledge via technology can assist all rehabilitation service providers to get equal access and more fully participate in quality rehabilitation education and human resource development activities.

For example, interactive (computer) online training will feature tutorial instruction (rehabilitation personnel counseled and advised individually by trainers), as well as provide seminars and symposia featuring professional-to-professional interaction. Training program delivery will include current state-of-the-art audio and video presentations that reconstruct or replace the traditional face-to-face training environments.

Instructional technology of the 21st century will provide opportunities for potential users to engage in pre-service and in continuing professional education (including certification maintenance and degree study) without leaving their home communities or affecting their professional work obligations. In addition to instructional training, the technology will offer opportunities for interactive meetings, conferences, workshops, and institutes, in which rehabilitation personnel will be able to participate from their homes or work sites. Training and other formats of interest and use to persons with disabilities will also be developed to deliver rehabilitation information directly to persons with disabilities, their family members, and advocates.

The instructional strategies of the 21st century will be based on variants of distant learning: short-term training, continuing education (to meet personal and professional needs), personal mentoring, specific skills development, and personal networking with similarly interested persons (including consumers, professionals, resource persons) provided through a computer network.

These models will deliver solutions to issues such as rural isolated settings, and travel cost and time commitment, related to traditional training activities. Until such strategies are developed, the field will continue to experience a decrease in training attendance, in part due to increasing costs of travel and loss of professional service hours and decreasing funds to pay for training and development of staff.

We will also need to have a particular focus on the use of cost effective learning technologies. The American culture will continue experiencing rapid and dramatic change. Because of this quickening pace, there will be a demand for rapid acquisition of new knowledge and learning of new skills. Rehabilitation is not exempted from this picture. One of the major goals of rehabilitation education will be the development of rehabilitation personnel capable of self-directed learning. Consequently, it is important to provide and value multiple avenues of learning that include formal and informal means of acquiring information and skills.

Rehabilitation education must respond to this need for effective life-long learning if it is to be a player in the future lives of people with disabilities and their families. Time is of the essence, yet our rehabilitation education system is still evolving at a slow rate of change. Rehabilitation education will not be able to continue emphasizing the formal slower process of degree acquisition through six years of on campus instruction with the assumption that learning is then completed. New forms of rehabilitation education will need to evolve (e.g., distance learning, self-paced learning modules). The picture emerging is one where learning will be continually required over a professional lifetime and acquired through a variety of processes to update rehabilitation practitioners with the new fast-paced cultural changes and information society.

With appropriate technology, rehabilitation education can effectively react to changing needs and, itself, become a change instrument. Individual learner needs and learning styles must be effectively addressed. Some examples of lifelong learning technology which must be given priority consideration in rehabilitation education in the near future include: interactive computer-based learning, interactive video, apprenticeship, interactive teleconferencing, mentoring, coaching, self-paced modules, availability of diverse trainers from multiple disciplines, building success-focused learning, building on-going learning opportunities that provide for sequential and in-depth lifelong learning, and person-to-person learning.

Using these technologies, learning can be individualized, flexible, outcome focused, and customized to specific issues and information. Through this technology, the instructional strategies developed by rehabilitation educators for the 21st century will attend to the recurring theme of "product and use fit": user-compatibility, user-specific information/products, user-advantage, user-understanding of the material presented, user-perceived complexity, user-trial of the innovation, user-modifying of the innovation, user readiness, user ability, and/or user's time and resources.

In order to accomplish goals of its customers in the rehabilitation education system across the nation, there will need to be developed a systematic comprehensive method for evaluating learner needs. Lifelong learning needs should be addressed in an integrated, clearly articulated fashion through continuous assessment of needs, evaluation of learning effectiveness, and a strategic planning process built into the rehabilitation education system. The planning process will need to be structured to include all important stakeholders so that a cohesive, well articulated but dynamic education system can be developed.

Features of this system would include flexibility, dynamic processes, accessible learning systems, reality-based learning that is driven by major stakeholder needs, surfacing of assumptions and values about disability and the needs of individuals with disabilities, affordable learning opportunities, fundable learning systems, individualized instruction, clear delineation of values and assumptions underlying learning modules and instruction, and an empowered environment of learning where there is clarity about what is to be learned and why.

Rehabilitation education will develop and apply state-of-the-art learning technology to strategies for the effective teaching of partnership models for providing rehabilitation services; to effective approaches for examining beliefs and assumptions about delivery of quality services to people with disabilities; and to enhancing knowledge regarding the application of empowerment and choice-making strategies to individuals and rehabilitation organizations.

For example, the increasing capacity of the Internet and the rapidly evolving computer hardware and software are beginning to make possible the production and distribution of digital audio and video. In the 21st century computers will be commonly used for video conferencing where video cameras are mounted on the tops of computer screens for precisely this purpose. Cameras will become as standard a computer accessory as microphones and speakers are now. It can be expected that by the turn of the century rehabilitation educators will be able to digitize and compress a 30-minute video presentation into 300 megabytes, or less, of data. This will be good quality video, full color and nearly full motion with screen resolution about equal to NTSC, the American broadcast standard.

When the U.S. "data superhighway" with a one Gigabit/second data rate is operational at the beginning of the 21st century, the download time for a 30-minute video program will be only 2.4 seconds. At that point virtually unlimited use of the Internet for the exchange of video documents and live video multi-casting will be possible. One can anticipate that a number of new training models and opportunities will arise.

It also seems clear that rehabilitation education will need to build a communication infrastructure which supports quick and easy feedback channels between practitioners, educators, and persons with disability needs. To be innovative and responsive to its customers, rehabilitation education must have effective databases, multi-media, and information systems that support all functions that relate to delivery of quality training. Modern information and telecommunications systems must be established and continual "technical training" instituted on its usage in order for this interconnectedness to take place. A commitment to mutual support and constructive exchange of information must also underlie this effort.

Embracing Diversity Through Rehabilitation Education

An increased emphasis on the application of basic rehabilitation skills in culturally diverse settings will require improved cultural competence of service providers and of agencies. We are beginning to see an American society that is not absorbing other cultures, but an American society which is starting to irretrievably take on the hues and subtleties of the "peoples of the world."

Understanding Diversity

A diversity orientation must be fused into rehabilitation education program development and program evaluation. Training must address the need for change in three essential dimensions necessary to develop cultural competence: attitude, knowledge, and skills. The approach will be long-term, comprehensive, and systematic. It must cause real change in the way people in rehabilitation think and provide services.

In order to achieve the goals of the ADA and the state-federal VR program, rehabilitation educators must incorporate into their knowledge, values, training delivery practices, and philosophy a greater understanding of the characteristics and concepts which underlie effective training delivery with multi-cultural persons. A philosophical shift must be attained throughout rehabilitation from perceiving minority culture as a "disadvantage" to valuing diversity and cultural pluralism.

There will be a need for a systemic approach to enhance the professional and cultural competence of students, service providers, managers of service providers, and community leaders, including the representatives of groups of persons with disabilities. Culturally responsive educational programs can provide leadership in establishing a culturally responsive service delivery system. The development of culturally-competent rehabilitation professionals cannot be viewed as a short-term training mission, but must be a long-term process. Whatever the educational format, training programs will need to address issues from a multicultural approach to prepare rehabilitation personnel to be effective practitioners within an increasingly pluralistic society.

Cultural competence is not something that is simply added onto personal and professional competence. Cultural competence is acquired through a developmental process and is integrated with other aspects of personal development. Contemporary rehabilitation ascribes to a social system's perspective which integrates activities of rehabilitation in a community model to achieve improved independent living and employment outcomes. The success of such models assumes that personal knowledge and values are integrated so that needs of persons with severe disabilities, especially of culturally diverse backgrounds, are truly reflected across the service planning.

Training for Diversity

Almost every professional journal in the field of rehabilitation has, during the past few years, published a special edition on cultural diversity. There is widespread agreement that rehabilitation educators need to pursue a life-long strategy of learning about cultures—their own and those of the individuals they train. Issues associated with training diverse populations have, for some time, been identified and discussed. However, effective solutions to those concerns have not been developed and implemented. We are only at the threshold of significant change and this challenge will remain a priority well into the 21st century. Diversity issues do not have a short-term solution as they are too much involved with the evolving fabric and form of American institutions. This must be a continuing agenda within the rehabilitation education community.

The need to increase rehabilitation educations' effectiveness in preparing persons from culturally distinct populations will be driven by two factors: (a) the evidence that rehabilitation education has historically been less effective in recruitment outreach and outcomes with African Americans, Asian Americans, Pacific Islanders, Hispanics, Native Americans, and other culturally diverse groups; and (b) a recognition that such populations will make up an increasingly larger percentage of those in need of rehabilitation services. The knowledge and skills associated with cultural awareness and cultural competence will be essential in all rehabilitation education formats.

The consideration of values in rehabilitation practice has always been essential, since service providers must always attempt to understand his/her own internalized system of values and avoid attempting to impose those values on the person whom they assist in rehabilitation. We also need to concentrate on the societal issues which influence a professional's, often unconscious, confusion about valuing of cultural diversity. The influences of oppression, assimilation, poverty, educational opportunities, family structure, language differences, and the majority's cultural values in rehabilitation service delivery need to be topical issues for learning activities.

An additional phase of educational preparation could emphasize knowledge-building regarding values, attitudes, and beliefs of specific ethnic groups. Specific focus would be on culture specific attitudes toward disability, family roles, work ethics, orientation to time, acculturation patterns, religion, the role of the "helper," and attitudes toward government-funded services. Rehabilitation educators will continue to play a very significant role in eliminating the propagation of cultural oppression in the rehabilitation delivery process by appropriately educating qualified rehabilitation professionals for employment in a system which values cultural diversity.

Effective Resources and Strategies

Families. Family life is particularly important to many persons from minority cultures. As rehabilitation education becomes more multicultural, it will continue to look for strategies which allow working through families and working with families. Families have a significant impact on whether their members take advantage of opportunities for and achieve success in community employment. It will become important to include family in vocational rehabilitation planning, assessment, and evaluation. Thus, the next decade will see an increased emphasis in rehabilitation education of a family-systems approach to assessment and intervention for individuals with disabilities.

Peer Training. We will also see an increased emphasis on training of peers by rehabilitation education programs. Peer counseling is a mandated service in independent living centers and will become much more wide-spread in other sectors of the service delivery system in the next decade. Peer support is a service approach that may be particularly appropriate for persons from cultures that place high value on affiliation. The training of peers can assist in overcoming the barriers of cultural differences which exist between rehabilitation programs and some of the persons they attempt to serve. The training of support persons who are indigenous to the population being served is not a new concept. It has been validated by researchers from several disciplines.

Improving services that impact on employment outcomes for people with severe disabilities (especially those from culturally diverse backgrounds) involves more than improving the professional practice of individual service providers. Nothing less than a continuous and pro-active program to develop rehabilitation education's structural and strategic capacity to facilitate the independent living and career development of persons with disabilities who are members of minority groups, will be acceptable.

Cultural Identity. We cannot discuss diversity issues in rehabilitation education in the 21st century without mentioning the fact that faculty and trainers will need to become increasingly representative of diverse cultures and this will be reflected in the recruitment and hiring practices for rehabilitation educators. We have made significant progress in dismantling barriers to the participation of minorities and people with disabilities in rehabilitation education. But we have a long way to go before we can say that they have achieved full and equal participation. Enhancement of this trend, along with a diversity focus in student recruitment, will begin to address the need for more culture specific research in rehabilitation education.

Natural Supports. Passage of the Americans with Disabilities Act of 1990 provided communities with criteria for evaluating their responsiveness to the needs of people with disabilities. As traditional rehabilitation agencies have expanded to provide a comprehensive program of services, family and community support systems have received more attention. Supported and transitional employment, independent living centers, Projects With Industry, innovative technology, and other community-based programs have all emphasized the important role the community plays in habilitation and rehabilitation. This trend capitalizes on the natural supports in the workplace and in the community. The use of natural supports in the workplace will become much more extensive whether the issue is severity of disability, cultural diversity, or both. We should anticipate that the 21st century will see rehabilitation education programs addressing the training of rehabilitation community development consultants.

Self-Help Strategies. Self-help, and self-advocacy options should also become a focus, especially for current populations with disabilities due to traumatic head injury, psychiatrically disabled, HIV infection, and substance abuse. According to futurists such as John Naisbitt, the self-help movement in the general population will grow significantly over the next decade. People with disabilities will increasingly contribute to this growing trend. Consequently, training programs should provide for models that reflect new roles for rehabilitation organizations acting as mentors, case managers, and teachers.

Specific Challenges to Rehabilitation Education

We know that in addition to the population becoming more culturally diverse in the 21st century, the work force will grow older, more female, and more disadvantaged than at any other time in the history of the United States. These trends raise a number of important issues for rehabilitation education.

Such continuing population diversification will challenge rehabilitation education to be proactive and appropriately responsive. Challenges like these are not strangers to the rehabilitation community. In many ways, difference is the standard in rehabilitation practice.

The strength of rehabilitation education's commitment, however, will be tested as more diverse groups demand training and expect it to be provided in nontraditional formats. It is important to the future vitality and relevance of rehabilitation that educators acquire more knowledge and skills in order to train these populations more effectively. While this conclusion and recommendation is not new, rehabilitation education will need to dedicate itself to achieving this mission well into the 21st century.

Need to Move to Human Resource Development

The scope of rehabilitation services will enlarge over the next decade to serve new populations and include new technologies and to offer new services. All levels and types of service providers will require expertise in serving new populations, serving individuals with a greater severity of disability, and providing individualized services based on informed consumer choice. Unfortunately, even with these needs, there is likely to be no commensurate expansion in training resources.

Rehabilitation educators will continue to be called upon to develop the human resources for the rehabilitation community. However, HRD is impossible to accomplish without a unified, comprehensive focus on organizational, career development, individual, and training needs of all levels of staff. We now have a system that is totally contrary to the HRD approach. It is a hit-or-miss strategy, with small fragmented efforts directed to different levels of staff. There exists a miscellany of training resources in each region, (e.g., a continuing education program for job coaches conducted by one university, a rehabilitation facility administration program conducted by another university in another state, and a pre-service vocational evaluation program by another university). There is presently no unified approach to improving the quality of rehabilitation services.

Decentralize Resources

To alleviate these problems and open avenues for a comprehensive human resource development approach by rehabilitation, the 21st century will likely see decentralized federal resources and control with consolidation of existing training programs into fewer identifiable resources for pre and post-education of all levels of rehabilitation service personnel. This restructuring of the rehabilitation education delivery system will occur so that the human resource development needs of our constituencies can be met through planned, unified, regional systems of training and education. History has demonstrated that spreading limited federal Rehabilitation Services Administration dollars for training over the more than 20 content areas at various levels of education (i.e., undergraduate, graduate, continuing education) has not been effective. A primary reason for this will exist regardless of how "the pie is sliced" in that the funding *amounts are totally inadequate.*

Explore Alternate Formats

In the 21st century, new organizational patterns for rehabilitation education will be established. Some possible formats could include a continuum of training that provides Peer, Associate of Arts, general undergraduate degrees, specialized undergraduate, and graduate degrees that combine a number of specialty areas, all offered at one institution and "connected". The issue of interdisciplinary training is critical to future rehabilitation education in that any rehabilitation professional/team member must be schooled in core areas, such as medical aspects of disability, psychosocial aspects of disability, and rehabilitation services content and delivery. Core curriculum would be provided for all professional rehabilitation training within a university with branching curriculums into speciality areas. This would reduce duplication of effort, maximize resources, and develop a foundation for interdisciplinary service delivery in the field.

Collaborate Among Resources

Given the aging rehabilitation work force, priority in providing a balance between pre-service and in-service/continuing education must be addressed. One possible option would involve all pre-service programs in providing some in-service training annually within their regions in collaboration with Regional Continuing Education Programs, Research and Training Centers or other Human Resource Development training programs. This would permit continuing education programs more latitude in addressing new and emerging consumer and service needs in their short-term training.

Incorporate Relevant Content

Regarding the content of pre-service programs, we are simply not keeping up! We have a dual challenge, prepare our rehabilitation education programs for the 21st century at the same time we are trying to "catch-up to the 20th century!" A review of the curriculum requirements for counselor training and vocational evaluation programs, reveals that in numerous cases key service components are not addressed adequately, or at all. Many programs have not integrated technology (computer operations/literacy, adaptive devices, job accommodations, independent living skills) information into course work. It appears that many programs do not include new policy developments or such service delivery options as transition needs and planning, affirmative industries, or supported employment into course work. Also, core curricula still appear to focus on the needs of individuals with physical or developmental disabilities. Little attention is given in those curricula to the needs of persons with long-term mental illness, substance abuse, or traumatic brain injury, for example. Further, in many rehabilitation counseling programs it is debatable whether the curriculum is preparing counselors for common demands of their jobs: case management functions and interdisciplinary case manager roles.

Challenge to Develop New Rehabilitation Education Leadership

A complexity of issues will face rehabilitation educators in the 21st century. Increasing complexity will be a product of the decentralized character of services to people with severe disabilities, changes in program philosophy, and the presence of a multilayered bureaucratic superstructure that will continue to develop around rehabilitation service systems. The rehabilitation field will become even more complex as system change continues and as programmatic expectations and assumptions become more conceptual and less schematic. Rehabilitation education programs were originally designed for a homogeneous and less numerous system of providers. Some of us will find it difficult to keep up with the pace of changing service developments.

The scenario of the future presented here attests to the necessity to develop a comprehensive national strategy for providing intensive leadership training for rehabilitation personnel. Once developed, participation would be recognized by employers as prestigious and this field would begin to have an expanded pool of qualified leadership personnel. That national strategy would have:

- Long-term and short-term training components;
- Identify base-line knowledge and performance competencies;
- Provide for alternate learning routes;
- Provide processes for recognition of achievement (e.g., degrees, certificates);
- Present cutting edge curricular content; and
- Promote significant change in leadership behavior over time.

The training formats need to be intensive and on-going in order to provide for an examination of beliefs that drive leadership and organizational behavior. A variety of formats could include on-going leadership development institutes, support groups for emerging leaders, mentor models, and pre-service programs emphasizing organizational change and an examination of organizational behavior, to name a few. Regionally based leadership development institutes would probably provide such a format. These institutes could provide for long-term sequential training, mentoring and supervised on-site practicum experiences in new types of leadership behavior and skills and allow for the wide-spread, intensive, continuous long-term educational efforts essential to instilling the new values, beliefs, and skills necessary to the functioning of rehabilitation education in the 21st century. An approach like this could nurture the vision needed to address the 21st century successfully so that rehabilitation organizations become comfortable with innovation, change, quality outcomes, and providing empowerment options for employees with and without disabilities.

Summary and Conclusion

This review of selected issues to be confronted by rehabilitation education in the 21st century takes note of the inherent tension between the immutability of many university procedures and the fluidity and dynamism of a system that is constantly moving towards more and more uses of nontraditional approaches to service delivery. It is incumbent on rehabilitation educators to respond to these challenges by diversifying instructional methodologies, retooling curriculum foci, and involving a wider spectrum of participants in program development and implementation.

The broad goal of rehabilitation education will likely remain unchanged. The scope, methodologies, strategies, and possibilities of rehabilitation education are what will continue to expand into the 21st century. Like other rehabilitation professionals, rehabilitation educators have seen themselves in the role of "helping". What may be most difficult for them to come to grips with is that in the 21st century the consumer (i.e., the person being "helped") will be the one to whom they will be primarily accountable. It is also with this consumer that they now have real opportunities to work in close, meaningful, and productive partnership to begin building the rehabilitation education programs of the next century.

I have always believed that as rehabilitation educators we were one synergistic national community. Today, however, there seems to be only the most tenuous sense of "national community" in rehabilitation education. I believe this thin-to-nonexistent sense of community in rehabilitation education may be one root cause of a perception (by agency administrators and consumers) of increasing irrelevance of much of our training efforts as we enter the 21st century. I do not mean that we are going to have to attain some state of perfect national and regional harmony before we can get anything substantative accomplished. However, there likely is not a single change predicted to occur in rehabilitation that will not entail some cost or sacrifice or disadvantage or at least diminished privilege on the part of some in rehabilitation education for the sake of meeting the training needs of the 21st century.

This will have to be accepted and worked with by rehabilitation education; this is not likely to occur in an environment so atomized into its separate educational settings, separate educational approaches, separate professional identities, and separate credentialing bodies as currently exsits in rehabilitation education.

Looking back at the efforts on behalf of the Americans with Disabilities Act (ADA), it might seem that the situation is to the contrary, as an apparent uniformity of philosophy and coalition building did exist then. But, even with all that common commitment, I believe distances between the various component groups of rehabilitation education have widened. Professional (discipline) identity, pre-service versus HRD, graduate versus undergraduate, and other special interests seem ever more assertive and compelling. These components of a "synergistic national rehabilitation education program" seem to be increasingly losing a fundamental commitment to a collective responsibility for the well-being of a national rehabilitation program.

This idea of a national responsibility, urged upon rehabilitation educators by leaders such as Mary Switzer, implied a shared concern wherein counselors, consumers, administrators, educators, facility personnel, and others supported each other in a common effort to build a national rehabilitation program. There was always debate, but the broad assumptions were pretty much accepted. Now the prevailing spirit in rehabilitation education is more nearly every discipline, every association, every delivery approach, every professional group, every organization acting only in its perceived best interest.

There will be a need for significant changes in the national rehabilitation education program as we enter the 21st century, in everything from delivery approaches to content and focus of training. Only if a genuine feeling of connection and mutual interest and shared purpose exists will rehabilitation educators be able to respond collectively and proactively to the challenges of the 21st century.

I believe this connection of shared purpose and mutual interest will be found by rehabilitation educators through the development of meaningful consumer-professional partnerships. There is little doubt that consumer-educator partnerships must be formed if present programs of rehabilitation education and training are to succeed. Mutual respect must balance fiscal and programmatic realities and goal setting with specific, attainable outcomes. All these and further elements must come together in partnership if specific educational program goals are to become collective national realities.

With the formation of these partnerships, rehabilitation education will continue to play an important role in facilitating the field of rehabilitation to achieve its goals. I view rehabilitation education as an evolving process. It was never conceived to be a static set of technologies, but rather conceived as a process that evolves as underlying issues of disability and societal capacity change, as the knowledge base of options achievable by individuals expands, and as changes occur in society's recognition of the needs, concerns, and demands made of persons with disabilities.

As we move into the 21st century, we may be arm-in-arm, but will we be step-in-step. I believe that we must look more toward "partnering". The need to resolve disability and diversity problems, and develop and maintain competent human resources consistent with needs of people with disability in America's population is imperative. We must promote increased collaboration between rehabilitation educators, consumers and service providers where each partner has complementary capacities. Partnering connotes working directly from the strengths and differences which the partners have to offer, an open relationship based upon what their combined capacities might yield, and upon the integrity and commitment of the partners to achieve valid outcomes. The combined expertise and experience should yield educational programs and processes that are much more broadly conceived and more relevant to cultural issues that will continue to be the issues of American society in the 21st century.

Our need to get into step is practical. Our supply of rehabilitation educators is limited. The resources which any institution might bring together are finite and often governed by institutional rules (e.g., tenure, retention) not always in keeping with a national need to resolve a particular problem area. The dollars to engage in quality rehabilitation education are very limited. As far as the issues of disability and diversity are concerned, such consortia may provide a dynamic-aggressive attack on the problem of providing truly qualified rehabilitationists from multiple perspectives and multiple locations across the states.

Synopsis

It is clear that the common mission of Rehabilitation Educators in the 21st century will be to collectively fashion a national education and training model for rehabilitation. One that identifies effective programmatic organization and structure; promotes alternate instructional and training/dissemination strategies; identifies needed support systems; effectively utilizes available resources; and maximizes society's potential for efficiently and effectively serving individuals with disabilities.

Rehabilitation education will need to define a systematic program of long-term pro-active education and training set forth in an integrated, coordinated activity plan. This education and training plan will need to address issues through programmatic long-term education and human resource training utilizing the most current instructional technology. *It must ensure that rehabilitation education maintains its vitality in supporting choice and empowerment for individuals with disabilities, and, professionalism and competency for rehabilitation personnel.*

We must begin now with what we have, because what we will need has yet to be revealed or fully charted. The first steps should be to build the infrastructure of communication with all members of the rehabilitation community, openly talk about this new frontier, and define the future as we encounter it. Visioning is not an event—it is a process. Visioning should not just occur every 10, 15 or 20 years, but regularly at all levels of rehabilitation education through collaboration. We must "unite our vision" through true collaboration with all stakeholders at all levels to build a rehabilitation education "system" that is flexible, responsive, and accountable to its customers and produces quality employment and independent living outcomes for individuals with disabilities. With less structure and more shared leadership, less revolution and more resolution, less turfism and more true collaboration, rehabilitation education will move with vigor into the 21st century.

The unsettling thing about new paradigms is the process of redefinition, when power structures change and roles are re-defined. For full development of the new paradigm to occur, we must open to scrutiny the very things which may have been held in sacred trust. We must neither obstinately hold to the old forms nor thoughtlessly discard them without demonstrated cause. Instead, we must openly explore their validity, relevance and impact to the new directions of rehabilitation as it enters the 21st century.

Acknowledgements

During the course of the development of this paper, a related activity, in concert with the Rehabilitation Services Administration, was occurring at the Research and Training Center. Some of the thoughts submitted by persons in the field for that project were also incorporated into this paper. The individuals leading that undertaking were Dr. Fred Menz, Wisconsin; Thomas L. Evenson, Texas; Peter Griswold, Michigan; and Richard Verville, Washington, D.C. The value of their contributions is fully appreciated by the author.

Dr. McAlees offered a brilliant presentation of issues and trends impacting on rehabilitation education. The litany of excellent perspectives on emerging paradigms and the need for rehabilitation educators to examine the reality of existing paradigms was very compelling. While the intent of Dr. McAlees' manuscript was to focus on rehabilitation education, the comprehensive nature of issues presented can be used by any rehabilitation professional. Given the multi-faceted consistency base of rehabilitation education, Dr. McAlees enumerated several approaches that would be taken in addressing current and future issues.

There is one emerging, yet different perspective on cultural diversity that warranted expounding in Dr. McAlees' manuscript. The perspective focuses on the need to understand diversity not only from the perspective of "achieving the goals of the ADA and the state-federal VR program", as contended by Dr. McAlees, to a broader concept of achieving the goals of inclusion for targeted group members women, minorities and people with disabilities. Emerging paradigms that focus on developing an understanding of and training for diversity include:

Moving from knowledge building on specific ethnic groups to emphasizing all individuals being treated with dignity, respect and worth; hence, changing the assumption that minorities are "add-ons" in need of "special, different" treatment.

Moving from culture specific research to research on how environments/corporate cultures can be made more conducive to meet the needs and increase productivity of all workers: males, females; minority, majority; people with disabilities, people without disabilities.

Moving from an assumption that affirmative action and cultural diversity enlightenment are ends to conceptual framework that goes beyond race, gender and disability to the productive capabilities of people. An ideal reference for emerging philosophies and strategies for managing diversity can be found in Roosevelt Thomas' book, *Beyond Race and Gender.*

Judy Norman-Nunnery

Dan McAlees wants to define "instructional strategies" for a profession that is becoming increasingly consumer-driven, multicultural, and technology-based. It's interesting that he finds rehabilitation education slow to respond to these challenges and beset by differences of philosophy.

If we are to have community-integrated services, he says, educators will need to move their programs off-campus and to recruit their students from the same ethnic minorities that are contributing increasingly to rehabilitation's service population. (These are the same populations, McAlees points out, that rehabilitation educators have historically been the least effective in attracting.) McAlees calls attention to the "new universe of disability" that is emerging in the inner cities of this country as a result of near-epidemic levels of substance abuse, youth violence, and chronic illness. He is certainly right in thinking that a national training effort, reflecting an actual working alliance of consumers, educators, government administrators, and facility providers, will be necessary to deal with the problems of the 21st century.

Where the monograph really comes alive for me is in McAlees' discussion of new learning technologies and their application to rehabilitation training and practice: telecommuting; teleconferencing and distance-learning; and self-paced multimedia modules customized to individual learning styles. McAlees thinks that our new communications infrastructure will provide many of the tools that we need to respond to the challenges of a rapidly-changing, multicultural society - but only if we're able to recognize the possibilities of this network.

The focus of McAlees' paper is broad, almost panoramic; and he addresses in passing a number of topics that should be exciting to rehabilitation providers, such as cooperative learning, self-help strategies, and family-systems approaches to assessment and planning. The only thing I wish he had discussed is the impact on rehabilitation education of the proposed consolidation of federal employment and training programs (e.g. the recent inclusion of the Vocational Rehabilitation Act jobs programs in the Reemployment Act), since the streamlined services that are now being envisioned pay little attention to special populations and special-needs program models. If more and more rehabilitation services are going to be institutionalized in the future, then the demand for rehabilitation specialists will probably decline - and with it the demand for rehabilitation education.

Jon Lundin

The author states that rehabilitation education in the next century should reflect the changes taking place throughout government and the country. He views rehabilitation education as a force for empowerment of persons with disabilities and as a mechanism to transmit knowledge. He mentions the trends and significant events which have influenced change, including the diversity of the nation's population.

Controversy will continue as paradigms shift. "Rehabilitation will be in the midst of efforts directed at the fundamental restructuring of the roles of professionals and consumers. This will involve clarifying the central mission of services, and in altering the primary basis of service delivery." Education must play a role. The needs of people with disabilities require the development of strategies to prepare providers. Diversity will increase and societal trends will require the attention of educators.

All of the above require a new way of thinking and new directives for rehabilitation. There will be changes in services as well as in the field of rehabilitation itself. It will require a closer partnership with the consumer.

Education must include technology. New directions must be developed to address equity and diversity. Use of technologies is important to meeting the needs, including a system for determining and evaluating them. The system must be flexible, dynamic, and accessible. There should be a communication infrastructure for quick and easy feedback.

The emphasis on the application of basic rehabilitation skills in culturally diverse settings requires cultural competence of providers. Diversity curriculum should be included in program development and evaluation.

The population trends provide challenges to rehabilitation educators in terms of changing curricula to meet the times. The change itself is challenged by the paucity of resources. Too much must be accomplished by too little funding. Collaboration of resources is needed.

In addition, a review of training curriculum content should be completed, with course work including technology and new policy developments. New leadership must be developed, whether from institutes, mentoring or education.

What the author has stated is true. Much is happening now and is not waiting for the 21st century. It behooves rehabilitation education to develop and implement the changes to move rehabilitation beyond the traditional system to the partnership system, where the professional is accountable to the consumer. Preparation of professionals to implement the demands of rehabilitation is essential. The curriculum of preparation should address that before the 21st century.

Lawrence C. Gloeckler

Organized disability rights movement, greater consumer control, more emphasis on independent living, laws guaranteeing civil rights for persons with disabilities, and a growth of supported employment all require a re-evaluation of rehabilitation education, according to McAlees. In this paper, McAlees calls for developing new instructional strategies in rehabilitation that cut across different audiences, i.e., service providers, consumers and their families, etc. This action is necessary because innovative education strategies are needed to incorporate ways to address new issues in rehabilitation, issues such as equity, cultural competency, diversity, as well as new types of disabilities associated with violence, AIDS, etc.

Although the central goal of rehabilitation education will remain intact, McAlees does envision the use of new methodologies and technologies to enhance rehabilitation education strategies, e.g., distance learning. He also notes that as the demands of VR service consumers increase, accountability will shift more towards the consumer.

Much of what has been presented in this paper rings true, but in order to bring about some of the changes proposed, curriculum and certification of training programs have to accept and promote some of these initiatives. To date there has been little evidence and little funding to support such development. As new needs are identified, most educational settings simply add on another course without evaluating the usefulness of the existing course-load. Similar activities also occur in continuing education.

Jennie R. Joe

This paper represents a great deal of thinking and planning for the traditional rehabilitation education program as it relates to preparing providers in the 21st century. Several items, however, need to be further explored and discussed on rehabilitation education as we look toward the future. First, we have to take a hard look as to whether or not rehabilitation education is truly a distinct and separate profession and entity as differentiated from vocational and technical education, industrial education and even some forms of human resource education.

Traditionally rehabilitation education parallels requirements as defined in the Rehabilitation Act and supporting regulations. It assumes that the major influencer is the state agency coordinating rehabilitation services. More emphasis is needed in future thinking on the provider side of the rehabilitation industry.

There also needs to be considerably more effort on soliciting the requirements of those entering our profession. It appears that the preponderance of people entering the provider side of rehabilitation service delivery are coming from related disciplines nonspecific to rehabilitation. Consequently, some short-term training or orientation training should be focused on rehabilitation education in the future.

A review of whether we are a unique or distinct industry requiring our own educational programs should be carefully evaluated as we see the changes occurring in the vocational employment and training industry serving people with disabilities and other special needs. It may well be that there are enough similarities to generate a more comprehensive educational program with needs only for some specialization by types of population incorporated in long-range curriculum development.

Kenneth J. Shaw

Providers of Rehabilitation Services

Patrick W. McKenna

Ten years ago the Mary Switzer Memorial Seminar addressed the topic "Social Influences in Rehabilitation Planning: Blueprint for the 21st Century". The opening remarks at that seminar were delivered by Edward D. Berkowitz and included the observation that "the rise of persons with disabilities as a group interested in its civil rights represents a more fundamental change than do the other things I have mentioned. Planning needs to recognize this change".

Whether those involved in the planning and delivery of rehabilitation services took that advice to heart is open to question. The "change" did occur, however, and grew in momentum during the 1980s culminating in the passage of the Americans with Disabilities Act in 1990 and the Rehabilitation Act Amendments in 1992. Both pieces of legislation have dramatically changed the agendas for both consumers and providers of rehabilitation services and for public policy planners.

The 1994 Switzer Memorial Seminar again looks to the future by addressing the topic "Vocational Rehabilitation: Preparing for the 21st Century". The challenges facing the vocational rehabilitation program in the 1990s and beyond are defined, in part, not only by the legislation that has been passed but also by current, national debates involving such diverse topics as health care, welfare reform, the unification of job training and development services and enhanced initiatives associated with "school to work" programs to name but a few.

Many factors are influencing those debates including the need to contain and reduce the federal deficit, the growing disenchantment with entitlement programs, and the drive to "reinvent" government so that it is more efficient and responsive. Public policy associated with the planning and delivery of human and social services is in a period of transition and it is likely that some substantive reforms will occur within the next several years. All of that implies that those involved in vocational rehabilitation endeavors need to be prepared to adopt new strategies to assure that the achievements reached in the early 1990s are maintained, enhanced and expanded as planning is undertaken for the 21st century. It would be a mistake to assume that the program is safe and secure. It could be argued, on the contrary, that it has never been more vulnerable.

It appears clear that a persistent and aggressive effort will be made to unify programs and services, eliminate duplication and give states and local jurisdictions the discretion to use federal money in creative ways. Such initiatives are not without their critics since they involve substantive philosophical issues associated with the role and function of government in a democratic society. The debate moves forward, however, and the outcome will influence the future of all programs.

These initiatives represent a fundamental change in the approach taken by government to plan and deliver human services and it would be a mistake for those involved in the planning and delivery of vocational rehabilitation services to ignore these changes. In one way or another, the tides of change will influence federal legislation authorizing vocational rehabilitation, independent living and associated programs.

This is not mere speculation since recent legislation introduced in the Senate designed to unify all job training programs includes provisions to "sunset" the Rehabilitation Act.

How are planners to address these diverse, confusing and very challenging trends? Is it possible to set a course for the vocational rehabilitation program in the 21st century when so much is unknown and so many conflicting agendas are being proposed by legislators, consumer groups and the public at large? We need to begin the task and the journey by identifying as best we can those central issues which will influence the planning and delivery of services for the future.

The challenges which lie ahead, in my view, can best be described by reflecting on the fundamental conflict which has emerged in the debate over reform of the nation's health care system. While somewhat simplistic, much of that debate involves the differences and the sometimes conflicting values between "managed care" and "consumer choice".

At its best, "managed care" creates efficient systems of care and does so in a cost effective manner. It delivers care

---

Patrick W. McKenna, Director of Client Services, Maryland Division of Rehabilitation Services, Baltimore, Maryland.

in response to the needs of each individual. It eliminates misuse of resources and attempts to deliver services in a timely manner while maintaining strict quality assurance standards. At its worst, "managed care" ignores the needs of the individual, fails to provide any continuity of services, rations services, rarely addresses "quality of life" issues such as "rehabilitation", and is "managed" to assure a profit rather than the achievement of quality outcomes for the individual.

"Consumer choice" at its best reflects the basic need of each individual to participate as fully as possible in his or her own destiny; values the need to assess the quality of services; recognizes that informed consent is essential if any intervention is going to be successful; and explicitly recognizes the need to preserve mutual respect between a consumer and a provider of services. At its worst, consumer choice fails to consider the needs of others, ignores community norms, promotes and encourages a litigious relationship between consumer and provider and compromises the delivery of effective and responsible services funded through public resources for all citizens.

While not mutually exclusive, the goals, objectives and underlying philosophies of "managed care" and "consumer choice" are driven by different needs, assumptions and values. These differences define not only the debate over a national health care policy but also influence the discussions about virtually every other social and human service program. Managed care may be translated to mean "inclusion", consolidation", "privatization" or even "order of selection". Consumer choice may be translated to mean a "marketing strategy" focusing on "customers", "vouchers", "contracting", or "empowerment".

I would suggest that the challenge facing providers of vocational rehabilitation services as planning is undertaken for the 21st century involves: 1) the need to create a social consensus regarding the value and purpose of rehabilitation within the community as a whole; 2) the need to create programs and services which value consumer choice while aggressively managing and utilizing scarce resources; 3) the need to improve and expand accountability; 4) the need to actively promote and develop linkages with a broad array of community resources, programs and services not necessarily "identified" with disability issues; and 5) the need to aggressively resist the tendency to eliminate or otherwise ignore the needs of special populations as social agendas are established and implemented.

We face complex times and conflicting agendas but it is possible to focus our planning and create strategies which will make the best use of our experience, skill and knowledge as a social agenda for the 21st century is developed. Despite the sometimes conflicting and confusing issues facing us, a confident and progressive course of action can be achieved by remembering our past, celebrating our success, acknowledging our failures and embracing the future.

Public Policy

We need search no further than the Rehabilitation Act Amendments of 1992 to find the broad parameters and specific goals which must define our planning strategies for the coming years. The Act asserts that:

"Millions of Americans have one or more physical or mental disabilities and the number of Americans with such disabilities is increasing:

"Individuals with disabilities constitute one of the most disadvantaged groups in society;

"Disability is a natural part of human experience and in no way diminishes the right of individuals to-

- live independently;
- enjoy self-determination;
- make choices;
- contribute to society;
- pursue meaningful careers; and enjoy full inclusion in the economic, political, social, cultural, and educational mainstream of American society."

These "findings" of Congress contained in the Rehabilitation Act Amendments not only define the scope and nature of services to be provided by public and private providers of rehabilitation services, but also clearly establish the standards and expectations to be used in determining whether or not those providers add any value to the pursuit of those goals and aspirations on the part of individuals with disabilities. In addition, they establish the basis for the assessment of the program's effectiveness by Congress and the public at large. Planning for the future must begin here - identifying in what ways we can substantively keep faith with the goals and objectives of the program as defined by Congress. That effort involves both assessing our past as well as designing our future. Both of those tasks will require enormous energy, objective discussion and a capacity to move beyond familiar territory and take some risks.

The Arena of Change

Future decisions regarding the role and function, the nature and extent of vocational and independent living services will not take place solely within familiar environments. That is, while organizations and associations formed to represent providers, planners and consumers will undoubtedly continue to exist and exert substantive influence, the focus of power and influence will continue to shift from such groups to more "diverse" and inclusive groups such as state economic planning commissions and departments; coalitions of public educational officials, business executives and state officials; state health planning commissions; and local civic organizations. The 21st century will surely see dramatic changes in terms of how our public programs are planned and implemented throughout the various states and in local communities. Rehabilitation providers need to be present in all of those arenas since decisions will be made which will influence the nature and extent of services as well as how they will be funded. We must renew efforts to venture beyond familiar territory so as to assure that the consumers we represent are not forgotten, abandoned or otherwise ignored. The stake-holders are not only those served by the program but also the citizens as a whole. Preserving, promoting and assuring a continued commitment to vocational rehabilitation services on the part of all Americans will require aggressive steps to inform, educate and engage the public. "Disability is a natural part of human experience". Responding to it and preserving and expanding the continued capacity of persons with disabilities to remain vitally active in their communities are goals which need to be embraced by every citizen.

Process

The systems, procedures and required processes imposed on providers of rehabilitation services are an anachronism which somehow prevail despite the knowledge that they are, in many respects, obstacles which limit and compromise the effective and responsible delivery of services for consumers. The public program of vocational rehabilitation has created, over many decades, a burdensome reliance on "process" which has created an environment where value is placed on form over substance. To be fair, much of it has occurred due to legislative requirements and some of it is necessary. Any program funded through taxes paid by the citizenry needs to maintain accountability. Nonetheless, it has to be recognized that systems and programs tend to lose a clear focus of what is really important as time passes and a level of comfort is achieved. Even the recent amendments to the Rehabilitation Act, while focusing on consumer choice and positive goals, nonetheless add new and questionable "process" requirements on providers. It is an endemic problem with federal legislation. It can never be content with stating the "nation's goals"; it must subsequently define precisely how those goals are going to be achieved, documented, evaluated, assessed and measured.

The impulse to add additional regulatory burdens is generally associated with a perception that a program is no longer meeting its intended purpose. Regulations proliferate during periods of decline or when confidence has been lost in the capacity of programs to meet established goals and expectations. Its a fatal strategy which rarely if ever renews the "health" and vitality of a program. Restoring and promoting "vision", "purpose" and "commitment" within an organization or program is never achieved by addressing the lowest common denominator. It is, rather, achieved by eliminating the layers of bureaucracy created over many years, providing inspired leadership, placing value on professional, ethical and informed standards of performance, and by empowering employees on the front line. A healthy organization has minimal policies, procedures and regulations. A desperate one produces administrative manuals.

There are signs of hope. The national initiative being undertaken under the leadership of Vice President Gore is seeking to reduce the burden of unnecessary regulations and focus government interventions on substantive issues. He has a monumental task ahead of him but it is one which needs to be addressed if public programs are going to be successful and productive in the years ahead. Meanwhile, providers need to take their own steps to eliminate unnecessary obstacles faced by consumers who seek to access services; create internal control and audit systems which place value on professional services, designed to achieve quality outcomes in a timely and cost effective manner; and focus program evaluation efforts on assessing the satisfaction of the program's multiple consumers - individuals served, employers, referral sources and the public at large.

Accountability

Renewed and substantive efforts need to be made to focus program efforts on providing services which make a real difference in the lives of the individuals with disabilities served by the program. Those efforts need to be clearly directed toward promoting and assuring, insofar as possible, the achievement of meaningful and productive employment by those persons. Anything less will compromise the future of the program. Maintaining and promoting that goal will not be easy in light of the confusing and conflicting mandates contained in the authorizing legislation.

Employment, as millions of Americans have discovered, is not an "entitlement" even if an education has been achieved or even if years of service have been committed to it. The continuing volatile nature of the employment market within the United States poses particular challenges for individuals with disabilities and those who work to assist them in achieving gainful employment. The "success" of the program depends for the most part on the general health and vitality of the economy and the job market as a whole. Recognizing those facts, providers need to develop a sophisticated awareness of job trends, emerging industries, growth areas and unmet needs within the labor market. Training for "anything", for instance, isn't better than no training at all. Similarly, placement of an individual into any job cannot be considered a measure of the program's success. There needs to be a focused, deliberative and aggressive effort to enhance professional, vocational counseling services within rehabilitation agencies and programs which focus on the career goals of persons served and on employment outcomes which are productive.

The challenges are, once again, enormous. Many new jobs being created within the economic sector are beyond the reach of those who are seeking employment for the first time and for those seeking to re-enter the labor market after having experienced a disability. At the same time legislation and program goals within the vocational rehabilitation program are emphasizing "quality" outcomes which support the career goals of individuals served. Subtle but nevertheless real pressures are also being applied to "produce" increased numbers of successful placements in order to prove the effectiveness of the vocational rehabilitation program.

I return to the conflicts emerging within the health care arena to emphasize the fundamental issues we face. In a recent bulletin published by the Delmarva Foundation for Medical Care, Inc., reference is made to a recent policy pronouncement by the Institute of Medicine. "The paradigm shift calls for health plans to provide medical services to a population in the face of stringent resource constraints, and the incentive will likely be to underserve people. These changes will make monitoring the quality of care imperative, especially for the sickest individuals and other at-risk populations. It is critical that quality and consumer protection be built into the system from the onset."

Translating that into the vocational rehabilitation arena suggests that there are inherent conflicts involved in mandates to serve the "most severely disabled", assuring quality outcomes for such persons, while also meeting the expectations for increased numbers of outcomes or placements. Resources will not be available to meet all of the needs. Who will be served and who will go unserved? I don't believe it is possible to propose a solution to that problem at this time. What can be said is that providers need to focus their efforts and place primary value on the goal of achieving quality outcomes for those served by the program.

One of the great challenges facing those involved in the profession of rehabilitation involves the development of a consensus regarding what constitutes a "quality" outcome. For better or worse, gainful and productive employment remains the measure of "success" within our society at least for the majority of citizens. It is certainly not the only measure of a productive, rewarding and fulfilling life. Despite what can only be described as the flirtation with such things as "independent living", the vocational rehabilitation program is clearly viewed by legislators and most consumers as a "work" program. Putting all philosophical arguments aside, the challenge for the 21st century is to promote and expand that goal.

Building Community

Providers of vocational rehabilitation services share in the responsibility to create a community where diversity is not only recognized but respected, embraced and seen as an essential component of keeping faith with the fundamental values of our society. "Cultural diversity" is the politically correct term but its use too often misses or ignores the more enduring and persistent imperative to place value on "life together" or, in other words, the enduring challenge to build and preserve communities. James Baldwin, in eloquent terms, wrote in one of his novels that "the moment we cease to hold each other, the moment we break faith with one another, the sea engulfs us and the light goes out". That translates our current "system" agenda into very real and human terms.

The Rehabilitation Act Amendments of 1992 include a mandate to assure that individuals with disabilities who are members of minority groups have equal access to services, benefit from the opportunity to receive comprehensive services and receive the same level of treatment afforded others. That mandate should never have been required. What else should characterize our programs but a commitment to promote, encourage and help assure the achievement or maintenance of productive and meaningful participation in the life of our communities by individuals with disabilities regardless of their race, sex, national origin, sexual orientation or specific disability?

The challenge facing providers in both the public and private sectors of vocational rehabilitation is to assure that no real or perceived obstacles are present which limit the opportunities of individuals with disabilities to fully benefit from services and programs. The vocational rehabilitation program cannot solve all of the problems clearly present within our society. It cannot be expected, with the resources committed to it, to alleviate the poverty, the inadequate education, the sometimes dysfunctional social conditions and the complex personal problems presented by persons who too often seek its services as a "last resort" after so many other public services and programs have failed them.

That population knows no specific race, sex or specific disability - rather, it represents those largely abandoned as social programs were devastated throughout the 1980s. With that said, the vocational rehabilitation program also needs to honestly and aggressively address its own limitations and failures. It must expand rehabilitation opportunities for members of minority populations. It must also implement aggressive affirmative action policies associated with the employment and access to training and continuing education opportunities by employees.

The Dynamics of Reform

Robert F. Murphy has written eloquently about the personal and social aspects of disability. In *The Body Silent* he writes that "It takes a rare combination of intelligence, courage, and persistence to conquer the mental and physical quarantine thrown up around the disabled by a society that secretly sees in them its own epitaph...The intensity of purpose required by the drive for autonomy makes the successful people unusual. They have entered the mainstream of social life, and they have done this through great determination and unflagging effort."

Those reflections suggest that the real challenge facing providers is to constantly keep faith with those individuals who come to programs seeking some measure of fulfillment, hope and success. While substantive policy issues must be addressed, the ultimate measure of success or failure of our programs will always rest on the quality and integrity of staff persons and how well they respond to the needs of individuals.

Reynolds Price adds further insight into the personal experience of disability in his recent book, *A Whole New Life.*

> *"I likewise recall, and without nostalgic glow, the less technologically sophisticated but generally more humane doctors of my childhood and youth - doctors with the legendary 'bedside manner'. Those nonstop doctors were men and women who, in their willingness to visit patients' homes, had agreed to expose themselves to the context of their patients' lives-the rooms they lived their precious lives in, the beds in which they'd expressed their love and bred their children. In my experience, those doctors never indulged in false consolation (they had after all few effective drugs); but the depth of understanding that they gained by submitting themselves to the lives of their patients— as opposed to demanding that their patients come to them, however painfully— gave them a far better chance of meeting the sick as their equals their human kinsmen, not as victim-supplicants broiled in institutional light and the dehumanizing air of all hospitals known to me."*

The message is that no policy, goal or imperative is of any importance unless it is translated into the capacity of professional "helpers" to make contact with, respect, and understand the needs, feelings, pain and anxiety of those who find themselves in a position of seeking support and assistance from rehabilitation professionals. Institutions, organizations and programs remain healthy, responsive and dynamic only insofar as they retain the capacity to address individual needs; only when they aggressively assure that processes, systems and procedures serve the needs of individuals rather than the needs of the organization; only when they remain flexible, expansive and innovative in response to the unique surprises proposed and presented by those served; and only when it is recognized that we all, in one way or another, will most likely bear the burden and challenge of coping with a life which is somewhat compromised, limited or otherwise confronted by unforeseen obstacles. In other words, the endless challenge is to remain open, sensitive, caring, ethical and respectful.

The philosopher William Barrett posed the question "What is the difference between a poet and technician"? His answer was that "The poet walking in the woods loses himself in the rapture of its presence; the technician calculates the bulldozers that will be needed to level it".

I would propose that the continued presence of rehabilitation as a respected, responsive and productive profession, program and service delivery system within our society rests with our capacity to somehow maintain, promote and enhance both its "poetic" and "technical" integrity. In other words, we need to commit energies to the human and personal issues associated with "disability" as well as to such things as process, techniques, forms and the structure of programs. The "technical" aspects of our work are exceptionally important but they do not ultimately define the value or worth of what we seek to achieve, offer or promote within society.

The "system" as we know it emerged over many years in response to an ideal or value - that each person enjoys the right to participate in the life of the community in all of its aspects. That "fundamental" right remains an illusive goal for many due to numerous factors including "disability". Fixing the system and removing obstacles must be viewed as more than creating regulations or streamlining a process. More importantly, it involves helping to build communities which value diversity, that promote full participation, and that are committed to equal opportunity for all citizens.

Vocational rehabilitation programs need to aggressively promote those values. Our programs need to be agents of change in more ways than one. The future belongs, in many respects, to those who can keep alive the spirit and promise of rehabilitation at its very best while also recognizing just how many "bulldozers" are needed to clear away unnecessary bureaucratic obstacles.

There are some troubling and challenging issues arising within our society - growing gaps between classes of people, efforts to strictly limit certain social services, and, closer to home, the destructive effort to designate "some" individuals with disabilities as more worthy of services than others.

The resolution of those types of conflicts can only be achieved by recognizing the need for informed and inspired leadership; through the planning and delivery of substantive and meaningful services; and by helping to assure the full integration into society of individuals with disabilities.

The agenda for the 21st century should not focus on what can be done to preserve a "system". That goal will take care of itself if we have the courage to devote our energies and commit our financial and human resources to a larger one - creating and enhancing opportunities for individuals with disabilities to create a "whole new life" for themselves and for us. That, after all, is the enduring promise of rehabilitation: the elimination of barriers, the promotion of autonomy, the development of new and ever expanding opportunities.

The future of vocational rehabilitation programs will be significantly more hopeful if a renewed commitment is made to that "promise" and if serious and continuing efforts are made to organize and conduct the practice of rehabilitation consistent with it. Otherwise, we will be just another bureaucratic institution which could disappear tomorrow without any reaction except, perhaps, a sigh of relief.

This paper is a statement of the author's philosophy regarding needed changes in the Vocational Rehabilitation system. Basing his position on the Americans with Disabilities Act and the intent of the 1992 Amendments of the Rehabilitation Act, McKenna stresses the vulnerability of the current system and the need to change it to improve both its outcomes (meaningful and productive employment) and its responsiveness to the diverse needs of people with disabilities.

McKenna acknowledges the challenge of planning consumer responsive programs in an era of scarce resources and often conflicting agenda of legislators, consumer groups, and regulations. He speaks out against unnecessary and burdensome government regulation while stressing the need to develop accountability measures for assuring quality outcomes for the most severely disabled and ethnic minorities while simultaneously increasing the number of placements. McKenna views the ultimate success or failure of the Vocational Rehabilitation system as resting on the quality and integrity of people within the system who must remain "flexible", "innovative", and "respectful" in focusing on the needs of individuals rather than the preservation of a "system". He scores an immensely important point in indicating that more than just fixing the system, vocational rehabilitation reform must promote helping to build communities that support diversity, full participation and equal opportunity. Vocational rehabilitation programs must be change agents, not preservers of a system.

Lawrence C. Gloeckler

Patrick W. McKenna's paper "Provider of Rehabilitation Services", in looking to the 21st century, envisions dramatic changes in the management and quality of services which will be offered to clients in the vocational rehabilitation program. He anticipates difficulties, unless active planning and preventative action are taken to preserve the significant legislation gains and other advancements earned over the years in the act and science of vocational rehabilitation. He also cites the Rehabilitation Act as a kind of written bible, marking important milestones of progress and advances. Added to this he also believes that the Americans with Disabilities Act (ADA) brings with it a strong public/private mandate that should enhance V.R. and involve business and industry to a heightened degree in the rehabilitation movement.

McKenna also sees an invasion of control in case management and a redirection in choice. These trends, he confides, must be studied and carefully addressed to preserve the integrity of the rehabilitation process as "client focused". V.R. must go on the offensive and dramatize its success in assisting people with disabilities achieve personal, social and economic independence. These accomplishments are not only humane achievements but economic successes, for the consumer and the nation as a whole.

Angela Traiforos

Pat McKenna's paper is full of pleasant surprises, not the least of which is his use of humor to make point: "A healthy organization has minimal policies, procedures, and regulations. A desperate one produces administrative manuals." A wonderful throwaway line, but the real surprise is the fa ct that the author is the Director of Client Services for the Maryland VR. (What is this - a heretic within the walls?) McKenna calls for a reduction of regulatory burdens on providers of rehabilitation services, seeing in various process requirements a triumph of form over substance. He also puts his finger on the principal inconsistency in rehabilitation's authorizing legislation. It's not enough to place an individual in any job these days, since many of the best new jobs are out of reach of people with disabilities. The task of rehabilitation should be to identify services that make a real difference in the lives of our consumers, and to attempt to achieve higher-quality placements. What is one of the biggest obstacles? "Subtle but nevertheless real pressures are ... being applied to 'produce' increased numbers of successful placements in order to prove the effectiveness of the vocational rehabilitation program. "These are unconventional remarks from a public administrator.

One finds a lot to admire in this paper. Am I the only person to notice that it is unusually well-written and filled with striking analogies (when is the last time that anyone enjoyed a rehabilitation monograph for the sheer pleasure of the style?) McKenna correctly places the issue of cultural diversity in the context of community development, and he shows how far we still have to go in this country to assure equal opportunity for all our citizens by focusing on one of the mandates in the recent Amendments to the Rehabilitation Act. This mandate provided assurances to people with disabilities who were also members of minority groups that they would be able to benefit from the same level of service as others in our society. "That mandate should never have been required," McKenna concludes. In seven words he makes his point. There's nothing more to say.

McKenna's arguments are aided by an awareness of larger social and economic realities, such as urban poverty, dysfunctional families, and an educational system in crisis. All our lives are compromised, limited, and challenged by obstacles to some extent; and in promoting individual autonomy and in trying to eliminate barriers to fuller opportunity for people with disabilities, the ultimate absurdity would be to allow our service network to become an even more unwieldy mechanism - yet another barrier to be overcome.

Jon Lundin

McKenna argues that vocational rehabilitation has never been more vulnerable as a result of emerging public policies that require the system to be more responsive to the changing needs and diversity of its consumers. The challenge also calls for creative ways to maximize minimal or diminishing resources. In light of these developments, McKenna proposes that rehabilitation service providers be pro-active and look for models such as the health care reform agenda as a way to begin planning for change.

According to McKenna, some key issues that need to be explored in this planning process include asking questions such as what is the value of vocational rehabilitation? Other goals of planning would be to implement realistic changes that include consumer choice and diversity. Changes also require maintaining accountability and increasing linkages and network to broaden options and resources for consumers. Thus McKenna sees the need to overhaul the VR process in order to remove unnecessary obstacles, to create a system that is ever mindful of the changing labor market, and renew the priority to serve individuals rather than to serve the needs of the organization.

McKenna presents an ambitious challenge to the vocational rehabilitation community and delineates some critical issues that need to be addressed, preserving and building on the strengths of the system and not re-inventing or adding new bureaucracies with new rules and regulations. The "people-friendly" systems and agencies should be a major goal in the restructuring government, including the federal and state vocational rehabilitation system.

Jennie R. Joe

Several excellent issues are enumerated by Mr. McKenna. The manuscript is fairly broad in scope and comprehensive in its detailing of issues confronting vocational rehabilitation service providers as they move toward the 21st century.

Mr. McKenna identified three issue areas that were profound and intriguing. First, he noted the need to create community-wide, social consensus on the value and purpose of rehabilitation; secondly, the need for and role of the provider in reducing regulatory burden; and, lastly, establishing program accountability in terms of quality outcomes.

Regarding the first point of consensus on the purpose of the rehabilitation program, Mr. McKenna's assessment is accurate from the perspective of the Rehabilitation Act Amendments of 1992 which defines the scope of the program. However, there is a deviation that is worthy of noting. The Rehabilitation Act of 1992 required 18 months to be developed so that consensus among rehabilitation professionals, advocates and consumers could be reached. The challenge that has not been met in fostering and promoting that consensus on an on-going basis. Further, the Rehabilitation Act Amendments of 1992, unlike previous legislation, clearly identifies the purpose of the overall Act (i.e., Section 2(b)(1) and (2)) as well as for programmatic Titles I - Basic Rehabilitation, VI-C Supported Employment, and VII - Independent Living (i.e., Section 100, 631 and 701, respectively). A close review of the overall purpose reveals the cumulative nature of the purposes of separate titles. This review should also reveal that there should not be a philosophical dichotomy on the purpose of the program.

On the second and third points, reducing regulatory burden and quality outcomes, Mr. McKenna contends that there are serious challenges for rehabilitation service providers. In addressing the challenge of regulatory burden, a fact that cannot be overlooked is that providers are a part of a system that, unfortunately, does not empower them to make improvements in the way services are provided. As such, they are often challenged to change things that are not within their control. Changes to the system are needed and providers need to advocate for change to the controllers of the system.

Last, gainful employment is one output of the vocational rehabilitation program. Other dimensions of quality, according to Parasuraman and Berry authors of *Delivering Quality Service*, include reliability, responsiveness, competence, courtesy, credibility, access and communication. The challenge to vocational rehabilitation professionals in the future will be to work with consumers to define, translate and incorporate all the quality dimensions into daily practices.

Judy Norman-Nunnery

Mr. McKenna presents a rather challenging insight to the dilemma facing VR for the next decade. I agree wholeheartily that trends in legislation, public awareness and demand for accountability leave the VR Program particularly vulnerable. I think that the tumultuous nature of current directional trends and the challenges facing the VR Program leading into the 2lst century solidifies the need to make clear the goals of the VR Program.

I was particularly intrigued by Mr. McKenna's concern over the burdensome "processes" currently required in the VR Program to function according to set standards, and how these "processes" not only steal valuable time and resources away from the goals of the VR Program, they create a loss of focus. I believe it is imperative that fundamental, clearly defined goals be established within the VR Program, minimizing vagueness. With these in place, it may be possible to eliminate much of the current "processes", designed to monitor, or account for activity or procedure. Everyone is playing on the same field and knows the boundaries. This will also lend to flexibility within the boundaries to allow change to evolve within the VR Program, as trends mandate.

Philip H. Kosak

Chapter Seven

The Role of the Rehabilitation Facility in the 21st Century

Kenneth J. Shaw

I. Introduction and History

This paper is an adaptation of a concept paper published by Goodwill Industries International January 10, 1994. The purpose was to anticipate changes needed by rehabilitation facilities to prepare for the 21st century. Rehabilitation facilities have a long and rich history in the provision of vocational rehabilitation and employment services to people with disabilities and other special needs. In part, our success has been the result of maintaining commitment to a mission and purpose, and while the recognition that we had to anticipate and be receptive to change to meet new and emerging demands of the work world and people receiving services. The foundations for our success for Goodwill Industries were laid by our founder, Dr. Edgar J. Helms, and codified in his writings *The Spiritual, Social, and Economic Implications of the Goodwill Industries Movement.* In those writings, Dr. Helms recognized that, "The Goodwill Industries is a business-plus. As a business, it must be carried on according to good business practices or it will fail. Failure is all the more imminent in Goodwill Industries because its business is so difficult." Dr. Helms went on to say that, "From a business point of view, the chances of failure in Goodwill Industries are great. Perhaps there have been so few failures because the Goodwill Industries is a business-plus. It exists for service and not for profit. Unlike ordinary business, it gives primary attention to the human."

In addition to describing Goodwill Industries as a business, Dr. Helms recognized that Goodwill Industries "is a social service enterprise-plus. It endorses most of the teachings and practice of scientific social work. It investigates and studies causes, but generally, it regards a job above an investigation." The recognition that Goodwill Industries is a business and a social service enterprise has facilitated Goodwill Industries in positioning itself as responsive to the changing social needs and requirements of our communities.

In our industry success has been due, in part, to demonstrating itself to be both proactive and reactive to the changing needs and requirements of those we serve. We have modified programs based upon the changes that occurred in society, places of employment, legislative priorities and best practices as developed in the broad field of vocational rehabilitation and employment programs. More importantly, Goodwill Industries, as well as other rehabilitation organizations, have demonstrated leadership in the development of new program models, as well as having pressed for accountability in the social service industry through commitment to accreditation and measurement of effectiveness and efficiency in programming.

The purpose of this paper is to suggest that our changing environment requires a new format for programs and services for the future in our industry. Our emphasis has been to be expert in the provision of vocational rehabilitation programs. These programs, although responsive to the communities and people served over the last 50 years, have become limiting due to the perceptions of our broader and expanding publics as to whom we serve and the major purposes of our programs. The term "vocational rehabilitation" is almost exclusively associated with programs serving people with disabilities. Goodwill Industries has, on a thoughtful and systematic basis, transitioned from being an organization that has served only people with disabilities to serving a broad range of populations needing vocational and employment programs. In order to be fully recognized by the broader communities, it is necessary for our industry to look at retitling its emphasis as well as constructing new service delivery models, to be responsive to the needs of the broader publics and populations served. This paper will provide some background, as well as projections, on the major influ-

---

Kenneth J. Shaw, Director, Program Development and Research, Goodwill Industries International, Inc., Bethesda, MD 20814

encers impacting the way we do business, and suggest the type of business and services we should engage in over the next decade. It is hoped that the paper will stimulate thinking across the vocation rehabilitation network and generate thoughts and reactions to enhance the development of new delivery systems and program models for the future.

In order to be positioned to maintain the type of success we have experienced in the past, it is necessary to recognize that the major influencers providing funding and referrals to our organizations are changing and are developing new emphases. Over the next several years it will not be appropriate nor acceptable for organizations to continue to provide programs and services in the same manner as they have over the last decade.

In order to be responsive to the issues that will be presenting themselves, the rehabilitation community needs to position itself, not only in terms of the services and programs it provides, but in the way it is perceived in the community by establishing itself and communicating its philosophy as being an "Employment, Education and Training Center." The broader implications of this title are obvious. There is a long-term requirement to demonstrate that we are responsive to the broad range of human service needs for a broader range of populations, and to developing requirements of external influencers.

II. Trends of Major Referral, Funding and Legislative Influencers

In order to look at the future it is important to get a sense of what is happening now and analyze the current thinking of those who are responsible for the development, maintenance and implementation of the legislation that influences or impacts the types of programs and services offered by rehabilitation facilities. The following is a short summary of some of those trends and projections.

A. Traditional Rehabilitation Legislation

One of the major characteristics of the 1992 amendments to the Rehabilitation Act is a focus on the issue of "choice" for those receiving services. The 1992 amendments to the Rehabilitation Act state: "The goals of the nation properly include the goal of providing individuals with disabilities with the tools necessary to: make informed choices and decisions; and achieve equality of opportunity, full inclusion and integration in society and provide for self-sufficiency for such individuals. The purposes of the act are to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence and inclusion and integration in society..."

Essentially, the federal legislation, specifically the Rehabilitation Act of 1973 as amended, governing services to people with disabilities, has changed from one which was paternalistic, (e.g., making decisions for and doing to individuals) to one which intends to empower individuals to make informed choices.

Other major and related disability also includes significant orientation to legislation the rights of the consumer and consumer representatives. These legislations include the Individuals With Disabilities Education Act, the Americans with Disabilities Act, and the Developmentally Disabled Bill of Rights Act.

Another focus becoming critical in the area of rehabilitation services relates to the development of standards. It is recognized that accreditation standards promulgated by accrediting entities promote and reflect the current thinking on consumer choice and empowerment issues. In being responsive to these standards, organizations are obligated to demonstrate a commitment to these issues by the development of "values" statements in their organizational philosophy, board mandates and program procedures. These procedures have been slow to develop and difficult to implement. As a result, many rehabilitation organizations continue to deliver services much as they have done in the past, in a paternalistic rather than a consumer choice-driven model.

The 1992 amendments to the Rehabilitation Act also call for the development of specific programs and standards to reflect the direction and configuration of vocational programs now offered by traditional vocational rehabilitation organizations.

The legislative initiatives in this area will have significant ramifications for how individuals are regarded in the service delivery system and how services will be carried out. It will become the responsibility for rehabilitation staff to become facilitative rather than directive, and people served will need to be provided with options. Consequently, rehabilitation organizations need to develop services and programs which facilitate the development of options for those served. The legislation also clearly implies that people served will be responsible for making decisions for their own future. This is inappropriate if individuals are not provided with the tools to make informed choices.

B. Department of Labor

The Department of Labor has received a great deal of attention as part of the present administration's "reinventing government" emphasis. Material written on this topic describes a Department of Labor which would make the following changes to improve the already existing employment and training programs.

First, emphasis would be given to enhancing re-employment programs for occupationally disabled federal employees. This particular recommendation calls for expansion of the Department of Labor's current return-to-work programs so that federal employees with disabilities would be able to return to productive careers, as opposed to collecting benefits and not financially contributing to the economy. This is a philosophy which is consistent in many workers compensation insurance rehabilitation programs across the country.

Second, the Department of Labor has given particular emphasis to the development of a single, comprehensive worker adjustment strategy. This calls for improved services to individuals who are currently unemployed or those who are perceived to be at risk of dislocation. The thinking of the administration is that currently available resources would be redirected to develop a new worker adjustment strategy to return individuals to work more quickly, the concept being that individuals should not be in a dependency and therefore learn to become dependent on that system.

Third, the philosophy that is most likely to impact the way services are provided to local communities is the concept of "one-stop centers" for career management. This recommendation also has been generated as part of the reinventing government philosophy and calls for the establishment of these centers for career management thus creating a consumer driven workforce system, providing individuals an opportunity to make informed choices, and providing the means to achieve their goals. Essentially, this would call for the integration, under a single management coordinating system, of all employment and training programs for people with special needs.

Finally, the Department of Labor is also considering the creation of a "Human Resource Investment Council." This recommendation calls for the development of a multi-agency work force development council to coordinate all federal employment programs and to consolidate funds from all of the separate programs. The basic idea is that the reason for a person being unemployed (i.e. disability or disadvantaging condition) is not as important as providing a comprehension program to train and place people into employment.

C. Department of Education

The current thinking in the Department of Education and the government in general is that many youth are ill-prepared for work when they leave high school. It is projected that about 30 percent of youth aged sixteen to twenty-four lack the skills for entry-level employment, and 50 percent of adults in their late twenties have not found a steady job. This reflects poor academic preparation, limited career guidance, inadequate workplace experience and other barriers for adequate school-to-work transitions. In response, the Department of Education is giving a greater emphasis on "transition from school to work" programs and is developing broader strategies to prepare students for jobs.

The "school-to-work" transition models are most frequently defined as education models designed to serve non-college bound youth. These education models are most frequently high school career academics, technical preparation programs, cooperative education programs, urban vocational schools and other strategies designed to offer an alternative to traditional college preparatory academic programs.

The prevailing trend is to move away from general education and move toward education which is goal driven and specific to the world of work.

The Department of Education is also looking at other transition trends which include the need to agree on national standards of basic education; specific standards for performance in individual industries and occupations; the need to establish to design, develop and implement formal linkages and the need between education and business/industry. It is likely that we will see competency and credentialling standards established by educators and business/industry that are constantly updated; school-to-work models that are characterized by active partnerships between education and business/industry, and which provide incentives for both parties; and the development of performance benchmarks to measure program quality. It is likely that programs will be more directly related to the definition of skill requirements expressed by employers, with instruction offered in a competency based format, as opposed to traditional educational models.

Generally speaking, school-to-work transition models will be characterized by four strategies: processes for developing academic and occupational competencies; career education and development; extensive links between school systems and employers; and meaningful workplace experiences.

The Department of Education also projects that new jobs will be characterized by heavy reliance on educated workers with problem-solving and communicating skills who can help maintain our lead in technology industries. Very few jobs will be created or will exist for those who cannot read, follow directions and use mathematics. Skills standards will be developed which will identify the knowledge and skills needed for satisfactory performance in the workplace, and be related to specific occupational areas.

It is anticipated that future workers will require skills in the basic areas of academics, vocational education, employability and life coping skills. Academics will involve competency in communicating (reading, writing, speaking, listening and computer literacy); computing (mathematics); problem solving (creative thinking, decision making, reasoning, learning how to learn); group living and economic self-sufficiency (history, geography, economics, citizenship); understanding relationships among groups (interpersonal, intercultural, international); understanding the natural world (science); and maintaining personal wellness (health).

Vocational education will include vocational-technical course work that leads to certification in an occupational area, or on-the-job training or simulations. The process will also incorporate vocational preparation and career exploration as a readiness activity.

Emphasis on employability skill training will give specific attention to topics such as job search, job application, interview preparation and basic work habits associated with employment. The final emphasis on life coping skills training, will include the development of a well-defined personal identity. Specific topics might include identifying and dealing with personal fears, coping with feelings and emotions, making wise choices, dealing with values conflicts, developing and maintaining positive personal relationships, and demonstrating effort and perseverance toward goal attainment. The Department of Education appears to be moving toward the development of a process by which students will be certified based on demonstrated competencies relative to skills standards endorsed by employers.

D. Other Federal Departments

There are currently more than 120 separate funding or entitlement programs for special needs people in the area of employment and training. Although the departments trends are consistent with those defined above, a major concern for the vocational rehabilitation community might be the U.S. Department of Health and Human Services, which has a primary focus over the next four years on health care and welfare reform. The emphasis of the U.S. Department of Health and Human Services is to streamline any public training programs which would include the programs designed specifically for the welfare recipient. Many studies are presently being conducted to make a determination of which employment training programs work and which do not, with intent to focus resources on those that work. The U.S. Department of Health and Human Services is attempting to develop a national employment training strategy in conjunction with the Department of Labor and the Department of Education, and it will be looking at the "one-stop model" previously referenced. The other department to watch is the Department of Defense which will have a continued emphasis on employment and training programs as a result of downsizing and overall decreases in spending. This will result in more people being incorporated in dislocated worker programs and other service programs serving the unemployed.

E. Summary of Projections

In an attempt to get as many services for the dollar as possible, and in an attempt to make government efficient in the delivery of employment and training programs, the trends in federal funding and the regulations that influence that funding, will steadily move away from funding designed specifically for a single population or a single type of program model.

Of the estimated 125 different programs and funding streams for employment and training, the majority of these now call for nonduplication of services, and collaboration at the state and local levels. The only exception is where specialization in population services is so explicit as to make collaboration ineffective. Even those will be re-examined as part of the reinventing government philosophy.

There have been several attempts by the federal government to change regulations to make government more efficient. One model attempted was the "super private industry councils" but at the present time is titled "human resources investment council,"and has the emphasis of trying to integrate multiple employment training programs into a single management and coordinating function.

We will see the "one-stop shopping" model of human services piloted and encouraged by major human service entities. This and other forms of "single point of entry" program models will be encouraged in order to effectively manage the myriad of entitlement programs and services. Federal, State and local government entities will attempt to collaborate to provide "seamless services;" that is a continuous, uninterrupted delivery model. The danger to rehabilitation facilities will be that the services will be provided by government and no point of entry will be available for rehabilitation facilities.

This type of collaboration will require rehabilitation facilities to become more familiar with other community and funding organizations, as well as gain an understanding of multiple populations. This will also require us to promote a culture of change which says it is in our interest to collaborate with other organizations even if we do not have a primary role. We will have to become familiar with the regulations governing funding and collaborative projects, as well as establishing ourselves as partners with organizations which are nontraditional partners. Our service-delivery models will have to be responsive to the changing requirements and objectives of these various entities.

III. Transition to Employment, Education and Training Service Delivery Model

In order to prepare for the opportunities and challenges that present themselves, rehabilitation facilities will have to totally examine their present method of delivery of services. At the front end of this process an examination is required in what we call ourselves. As a "vocational rehabilitation" organization there are implications in relationship to the types of people served, as well as a perception of our program. In order to position ourselves to become credible to the nondisabled community, we will have to do something as simple as retitling the programs of our organization. The purpose of this paper is to suggest that our organizations become Employment, Education and Training Centers. It would be insufficient to simply deal with retitling since the real purpose is to communicate to our various publics that there is a change in the orientation of services, as well as communicating an ability on the organization's part to be responsive to the unique and specific characteristics of multiple populations and to the requirements of regulatory and legislative emphases. A major part of our emphasis will need to focus on developing and providing an expanded array of services specific to the individual needs of expanded populations.

Traditionally, vocational rehabilitation organizations have been delivering services under a "program model." In this model, the organization describes a proscribed set of programs that are available for special needs populations. In a local organization these programs generally include work evaluation, work adjustment, personal adjustment training, sheltered employment, supported employment, occupational skills training, job readiness training, job seeking skills training and placement. Each program has a defined set of entry criteria and a prescribed set of services that are available to the individual while enrolled in each of the programs. This kind of model is restrictive in that it is assumed that all people have a need for the same general type of services while enrolled in a program. It may well be time to recognize that "programs" are restrictive and nonresponsive to the individual needs and desires of those served. It is time to examine a process that constructs a true individual program plan, building a program for an individual from an array of services.

It is recognized that a transition from a program model to a service model might be disruptive in our general communications with our publics, as well as being in conflict with traditional accreditation/certification requirements. The emphasis, however, from regulatory and other influencers is that there needs to be the flexibility to develop a truly individual service plan for each individual served, and that service plan should be dependent on the unique and specific needs of each individual, and referral and funding organizations.

It is being suggested that our organizations look at the establishment of a true service delivery model where the unique needs and expectations of each individual are determined and a specific plan is developed to be responsive to those needs, choices and desires. This can be accomplished only by offering a truly comprehensive "cafeteria model" of services for each person requesting services within our organization.

In order to be truly responsive, we will need to look at not only the types of services that are offered but will also have to look at the location of the delivery of services. It may well be that services and programming will need to be set up in alternative locations such as community centers in urban or suburban locations using existing facilities such as school buildings or government offices. It also is likely that we will have to consider offering classes at irregular hours, such as evening classes for the working poor or for people not able to devote regular daytime hours to the services.

A "cafeteria model" of service programs must include components that are responsive to a broad range of needs being presented by the person served as well as being responsive to the requirements and expectations of referral and funding sources. Essentially, services will have to deal with the issue of empowering individuals served, but more importantly incorporate a broad range of services to respond to the needs or requirements that individuals will bring to the programs from diverse backgrounds.

Goodwill Industries has already made a commitment to expand the populations served by recognizing the need for employment, education and training programs for the disadvantaged populations such as at-risk youth, welfare recipients, immigrants, teen parents, illiterate, dislocated and displaced workers. It is recognized that no single program model has the capacity or capability to be responsive to the broad array of needs requiring attention in an employment, education and training center. In order for the new service delivery model to be effective there needs to be a great deal of developmental work on specific curriculum content in the various service areas. If, however, we truly are to position ourselves to be the premier provider of services for adults with special needs, then we will need to invest our intellectual resources as well as fiscal resources into the development of the programming responsive to the long-range requirements of populations and other influencers.

IV. Components of the Employment, Education and Training Service Delivery Model

In order to affect change to a service delivery model from the more traditional program delivery model, it is necessary to make a clear definition of the array of services to be offered. Essentially, there is a need to provide services based on a clear and concise philosophy which articulates the belief in the value of work as a solution to social problems, and the requirement to involve people in the process of making appropriate decisions and facilitating commitment to the achievement of established goals.

The following components are identified as the major categories of a service delivery model:

A. **Appropriate philosophy**
B. **Career development**
C. **Decision making/planning**
D. **Career preparation**
E. **Placement**

A. Philosophy

Goodwill Industries was proactive in the development of a philosophy in relationship to those we serve. As an organization, we believe that we are a developer of creative ability, a stimulant for self respect, a moral enhancer, and a temporary sustainer and facilitator. We believe that the best outcomes occur for individuals served when services are designed to identify, understand and cope with the major life activities of living, working and playing. Further, we believe that services should be client centered and client driven.

In our published philosophy statement, Goodwill Industries states that people served are responsible for and entitled to:

- be an active participant in rehabilitation planning
- establish personal vocational objectives
- commit to therapeutic or ongoing rehabilitation programs
- develop skills to adapt to life changes
- take responsibility for personal behavior and actions
- gain an understanding of the world of work, job structure and the ability to equate personal skills to that understanding
- expand awareness of resource seeking
- increase awareness of leisure activities
- develop decision making skills sufficient to last a lifetime
- implement career plans

We believe as stated in our corporate philosophy, therefore, that each person served should have access to the following opportunities as part of their service program at Goodwill Industries. The opportunities we offer are that each person served will:

- receive services which will enable each to acquire information; make career decisions; and negotiate and balance information, decisions and external factors that have an impact on work;
- receive skills training which reflects current labor market demands consistent with the community;
- have the option to refuse, accept or modify services, because participation is voluntary. Each individual and the organization should negotiate the best possible arrangement of services, including referral to other agencies;
- have a right as well as a responsibility to participate in the development of program planning. To whatever extent possible, each individual must be encouraged to take responsibility for him/herself in the process and outcomes of services made available;
- maintain his/her constitutional civil rights;
- expect and receive services without regard to age, sex, race, color, religion, marital status, disability, vocational barrier or national origin;
- be treated with dignity and respect, remain free from physical or mental abuse, receive a fair wage for all work performed; and
- make informed choices.

The adoption of this philosophy positions Goodwill Industries as responsive to the developing emphasis on individual choice and empowerment. More importantly, it sets the stage for identifying and developing services responsive to the changing requirements of those to be served.

B. Career Development

A key and major component of any service driven delivery model needs to have as its foundation the implementation of the concepts of career development. Career development is a philosophy that encompasses the various roles an individual plays as family member, citizen, worker and user of recreation time. Career development recognizes that the best outcomes should be framed around the components of learning, choosing and negotiating.

Learning is described as self-awareness of the individual as a distinct organism, as well as in relationship to other people, events and objects. Choosing is the identification of decisions to be made, prioritizing decisions, and the accepting responsibility for personal actions. Negotiating is the balancing of personal choices against the external factors of other people, resources and events.

C. Decision Making/Planning

The decision making process is one which provides sufficient information to individuals in order to facilitate their accepting the responsibility for their own decisions. This includes providing sufficient information to people to recognize and define decisions to be made, balance the importance of the various influencers on their decisions, to gather and evaluate information, as well as analyze the risks and benefits of each alternative. The result of the decision making process is a structured plan leading to the achievement of specific and defined objectives.

D. Career Preparation

This area is the one that needs the greatest work in order to prepare a new service model. Entirely new curriculums will need to be obtained or developed. Traditionally, we have used program models for career preparation, using programs such as work adjustment, personal adjustment, skills training and structured employment. It is now suggested that we incorporate specific career preparation services. These services would include: 1) basic skills, such as literacy, numeracy, English as a second language, adult education, activities of daily living and independent living; 2) social or life skills development, such as social skills development, behavioral skills development, motivational skills development, use of community resources, problem solving, self presentation, communication and use of leisure time; and 3) employment skills, such as work experience, on-the-job training, apprenticeships, technical skills training, entrepreneurial training and job search skills. Career preparation will address not just the technical skills of employment but offer services responsive to the diverse barriers faced by diverse populations.

E. Placement

Placement is the result of the employment, education and training services offered within the rehabilitation industry. Placement hopefully, would lead into an employment and career position consistent with the person's needs, desires, wants, expectations and motivations.

V. Delivery Systems

All delivery systems to implement a new service delivery model should be curriculum based and criterium referenced. Essentially, there should be a structured method of instruction, assignment of specific staff skilled in the content areas, and defined methods by which people can have mastery of the topic measured at the conclusion or completion of the instructional process. Specific development of materials should be a joint project between national organizations, commercial materials developers and local service providers. Every attempt should be made to identify existing materials that can be incorporated into the service delivery model.

VI. Support Programs

Support programs are those activities, services or programs which are necessary and must be available to facilitate the participation in employment training and education services. Supportive programs may be offered on a time limited or continuing basis and also may be necessary for a period of time following placement of the individual into employment or other positive career outcomes. These programs may be managed by the local provider directly or they may be arranged for, through cooperative agreements and relationships with other service providers. Local staff will identify the need, coordinate the access of these services and follow-up on the effectiveness of the support programs.

Support programs include the following:

A. Housing

Housing may be of a temporary, permanent or semi-permanent nature and also may be either dependent or independent or semi-independent.

B. Transportation

Transportation services may include coordination of transportation, provision of direct transportation operated by the organization, teaching driving skills, arranging for carpooling or any other transportation arrangement required to assure the individual's participation in their employment, education and training services.

C. Child Care

Child care must be arranged for and can be offered by the provider, be coordinated with an existing community service offering child care services, provided for in the home of the person served, or arranged for through churches or other private entities. Again, the purpose of child care is to ensure the person's flexibility to participate in the services leading to employment outcomes.

D. Other Support Programs

It will oftentimes be necessary for the organization to develop specific and unique support services or programs to assure that the individual has the opportunity to participate on a continuous basis in their employment, education and training program. The organization needs to be responsive to those requirements and initiate remedial action.

VII. Implications of Change

In addition to the requirement for the development of appropriate curriculums and materials to support career development, decision making and career preparation services, there are other factors that will influence our ability to reposition ourselves for the delivery of services in the future. A major emphasis will have to be given to the requirements of skills of staff who will be responsible for the implementation of the new service delivery models. Staff will need to have the skills to be adaptive and flexible in the recognition of the service needs of populations served and have the ability to construct appropriate individualized programs drawing from the broad array of services that would be available. It is anticipated that staff will become, essentially, case managers and instructors, rather than work evaluators, work adjustment specialists or counselors. An intensive orientation and training process will need to occur in order for existing staff to make the transition to a new service delivery model.

Our organizations are also going to have to re-examine locations of the delivery of services. It may no longer be appropriate for all services to be housed and delivered in our traditional locations. It will be to our advantage to explore the feasibility of distributing programs and services across the community. Utilization of churches, schools, libraries, state and federal office buildings, storefronts, neighborhood centers, senior centers, as well as other locations might be more appropriate locations for services to be offered which are closer to the individuals who are in need of the services. It is also likely that in our locations, we will have to take on the look of educational facilities, utilizing classrooms as opposed to work space.

Rehabilitation facilities will also need to initiate comprehensive communications and education programs in our communities to facilitate the recognition of our organizations as being comprehensive in the array of services available for special needs populations. Specific marketing strategies will be needed to communicate to referral, funding and regulatory influencers as well as targeted marketing to people needing services. Since we have invested a great deal of our energies in communicating and positioning ourselves in our communities as vocational rehabilitation centers, we are likely to have a difficult time changing those perceptions. The need will be to have the external entities recognize that we are truly employment, education and training organizations, offering a broad array of services responsive to a broad array of needs of various populations.

An additional long-range implication of moving to a service model is the difficulty that will be experienced in traditional accreditation/certification systems. Essentially, the existing accreditation/certification processes accredit program models. Although it is generally assumed in the accreditation systems that individual program planning will occur, the standards of accreditation generally require organizations to have defined programs. Education and training will have to occur with the accreditation organizations in order to assist them in making the transition from a program model to a service model. Accreditation is going to have to move toward outcome measures as opposed to process measures in order to be responsive to the long-range changes occurring in the service delivery system.

A transition to a new service delivery model of programming will also require rethinking the way we presently manage programs. Management from a distance will become necessary. Concerns associated with staff development must be addressed as well. Managers will need to become more focussed on the outcomes of the services being offered and encourage the ongoing development of new approaches to be responsive to the ongoing and diverse needs of those served.

VIII. Next Steps/transition

In order to implement a transition to a service delivery model, it is going to become necessary to first validate the components of the service delivery model. Those items, particularly under the basic skills, social/life skills and employment skills, should be analyzed to ensure that the necessary components of the service delivery model are included and are likely to be responsive to the presenting needs of the various populations served.

Essentially, what will need to be done, is to identify the various modalities for the delivery of services. After those modalities have been identified, there will be a need to research the availability of existing material that might be applied to our programs and services. We must then obtain for evaluation existing materials and where materials do not exist, work on the development of new materials to be responsive to the services defined. Materials must then be evaluated and the decision made to accept existing materials, modify the material to be more appropriate for our purposes, or to reject materials as not being applicable.

IX. SUMMARY

In order to remain current and to be responsive to the developing needs of people served and the influencers on our organizations it will be necessary to reposition ourselves as an Employment, Education and Training Center. Name change alone will not be sufficient to reposition ourselves to become an acceptable provider. The development and infusion of appropriate materials covering the areas of career development, decision making and career preparation services of life skills, basic skills and employment skills will also be necessary.

In addition to the identification and development of materials to support the transition to a service model of employment, education and training, significant resources must be invested in the design of adult learning centers.

It is recognized that rehabilitation facilities may not be the provider of all services defined in this paper. Agreements for the delivery of specialized services, such as literacy, may be developed with other community service providers.

It is necessary, however, to recognize that we will be responsible for recognizing, implementing, coordinating and managing a broader array of services, individually tailored to meet the needs of a diverse population.

The role of rehabilitation facilities is pragmatically delineated by Mr. Shaw. The manuscript is extremely thorough in defining the national key stakeholders (i.e., Departments of Health and Human Services, Education and Labor) for rehabilitation facilities. Additionally, Mr. Shaw provides a skillful portrayal of past, current and projected impacts that the key stakeholders will have on rehabilitation facilities.

Mr. Shaw's basic contention is that to remain viable rehabilitation facilities we will need to examine a) traditional population bases; b) manners in which services are determined; and, c) approaches for effective delivery of services. In support of Mr. Shaw's contention, several state rehabilitation facility associations and numerous local community-based rehabilitation programs have been conducting such examinations and have concluded that they have diversified population, services and service delivery approaches. The end result appears to be an ability to meet the needs of more individuals needing services while providing the same level and quality of services to the traditional population base.

Judith Norman-Nunnery

Rehabilitation facilities face unique challenges as we move toward the 21st century. It could be argued that they have outlived their usefulness and are no longer relevant within a world which values "inclusion", integration and equal access to community educational, social and recreational facilities by persons with disabilities. On the other hand, many offer distinct and individualized services otherwise not available within the larger community. Mr. Shaw provides a quite thoughtful and comprehensive review of all of the issues facing rehabilitation facilities and offers some challenging proposals for survival in the 1990s and beyond.

As with a number of other presenters, Mr. Shaw discusses the legislative and administrative initiatives occurring within our society which clearly indicate a change in the way that government is viewing necessary interventions associated with basic education, career development and transition from school to work. He subsequently explains how rehabilitation facilities will need to change in order to remain a viable partner in those comprehensive efforts to promote positive outcomes for individuals with disabilities. He rightly asserts, I believe, that the changes occurring within public education and job placement and development programs and agencies present unique challenges for rehabilitation providers. They need to engage themselves in efforts and activities which might have seemed irrelevant in the past.

Mr. Shaw challenges many of the assumptions used within rehabilitation facilities to plan and provide services. I believe he is correct in asserting that current practice tends to offer a "program" which someone has to "fit" into. He suggests that a transition to a "service" model is essential; an individual should be able to chose from an array of services which combine to meet his or her needs. That represents more than a change in "systems"; it will require a fundamental and substantive change in the thinking and approach of rehabilitation practitioners. For the most part, facilities tend to determine what is best for people. They find it exceptionally hard to accommodate consumer choice, individual need and cultural diversity issues. Mr. Shaw offers some positive and constructive suggestions for helping to keep such programs honest, responsive and useful for the people who may choose to make use of them.

Patrick W. McKenna

Federal and state governments have long looked to the nonprofit rehabilitation facilities such as Goodwill Industries to deliver rehabilitation and employment services for persons with disabilities. Because federal and state governments are key consumers of services, Shaw reminds us that the rehabilitation facilities must keep an eye on various legislative changes and prepare for the changing milieu as well as for clients who exert more self reliance, are willing to make choices, and represent increased cultural and ethnic diversity.

As directives and mandates change and call for such things as "one-stop" employment centers, rehabilitation facilities have to keep up with these changes. One way to address these changes, according to Shaw, is to develop what he calls a "cafeteria model" of service programs—one that can then be responsive to a broader range of needs and clientele. He uses Goodwill Industries as an example to describe how one rehabilitation facility has dealt with these changes, i.e., by expanding its services to a number of other disadvantaged populations such as welfare recipients.

There is no question that rehabilitation facilities are important for clients, but they are also an important resource for service providers. As these rehabilitation centers expand their list of eligible clientele, one cannot help but wonder if in the expansion, individuals with more severe disabilities will be forgotten. After all, as a business, rehabilitation facilities can always decline to accept a client. What are the assurances that individuals with disabilities will continue to be served by these facilities?

Jennie R. Joe

The major concept that is developed in this paper is how rehabilitation facilities as providers of services will have to change in light of the many legislative and philosophical changes that have occurred over the past few years. Rehabilitation providers in the new service delivery system:

- Must collaborate with other community organizations and projects.
- Totally examine present method of delivery of services.
- Retitle programs of the organization to reflect change in broader scope of services specific to individual needs of expanded populations.

- Change from a traditional program model to an individual service model that will require flexibility. This "cafeteria model" will allow individuals the flexibility of choosing what service(s) best fit their needs. They won't all be tracked into the same sequences and program.
- Establish alternative, nontraditional locations such as in community centers, schools, local government buildings, libraries.
- Expand populations served to include at risk youth, dislocated and displaced workers, welfare recipients, etc.
- Expand philosophy to ensure consumer driven choices.
- Expand service choices from usual assessment and training tracks to new curriculums that focus on career development, basic skills, competitives and employment skills.
- Expand support programs to include housing, transportation, child care, etc.
- Skills of staff may need to change to meet the new demands and services required.
- New marketing initiatives within the community will have to be developed by rehabilitation providers to reflect the comprehensive array of new services.
- New accreditation standards will need to be developed to accommodate these major changes.

General Comments:

The paper is based on mandate and perceptions largely developed outside the world of rehabilitation. It proposes a sound but challenging conceptual model for the redesign of rehabilitation service providers. It does not emphasize enough the cooperation and linkages with employers. It also could have gone farther to disclose how the current rehabilitation system's design serves as a barrier to implementation of this more vibrant model.

Lawrence C. Gloeckler

Ken Shaw's concept paper is an elaboration of a position that he has been enunciating for several years, and it reflects the blend of future-thinking and nuts-and -bolts common sense that has always distinguished his writing. The BIG QUESTION in this monograph, the really controversial issue, is whether or not rehabilitation facilities can continue to survive only as providers for people with disabilities. Shaw believes he can read the proverbial handwriting on the wall in the growing movement towards consolidation of federal job-training programs - e.g. the national training strategy being discussed by the Depts. of Labor, Education, and Health and Human Services; federal funding, he predicts, will move away from single populations and single types of program models towards the creation of one-stop centers for persons wishing to benefit from entitlements. This means, among other things, an increase in institutionalized training. Shaw is probably right in warning that rehabilitation facilities, as they are presently organized, will have a hard time finding "points of entry" into this new training market.

Shaw's solution is the "Education, Training, and Employment Center", a 21st Century model for rehabilitation facilities that offers a wide array of customized services for disabled and non-disabled communities alike. The principle challenge for rehabilitation facilities in the future, he argues, will be to make themselves credible to non-disabled populations; he also recognizes (and this shows the balance in his argument) that such a change will be difficult precisely because facilities have been successful in defining themselves as unique providers of service to people with disabilities.

One wonders if anyone else associated with the facilities movement in this country is raising this concern or proposing a solution with the same level of detail. In support of Shaw, it's clear that most businesses in the future are going to need to customize their services and to make themselves responsive to a broad spectrum of consumers. It's also clear that more and more services to people with disabilities are going to be mainstreamed, and that the business of rehabilitation will experience fundamental change. If the road that Shaw is recommending is full of risk (most rehabilitation facilities, after all, do not have a lot of expertise in curriculum development and customized learning services), the decision to stand pat seems riskier still.

Jon Lundin

Consumerism Issues

Operating group definition of the term "consumerism:" For the purposes of our discussions we defined "consumerism" in the context of vocational rehabilitation, as a process which is responsive to the employment-related needs of an individual with a disability and which includes the individual in decision making. Examples which reflect what we assume such consumerism to be, are:

- listening to the needs, desires, and perceptions of the individual;
- letting information from the individual drive the direction of decisions about assistance, services, and advice; and
- holding no preconceived notions about the individual.

Unless otherwise specified, all recommendations refer to both public and private vocational rehabilitation service providers. The term "consumer" means an individual with a disability seeking employment-related assistance.

Recommendations

1. ***Recommendations/Implications That Would Enhance Service Delivery:***
   - A method of mediation should be built into any vocational rehabilitation system.
   - The first function of a vocational rehabilitation system is a full and complete exchange of information between the counselor and the individual with a disability.
   - Vocational rehabilitation counselors must be empowered to make decisions to meet the needs of consumers quickly.
2. ***Recommendations/Implications For Policy or Program Development:***
   - Under-served and unserved consumers must be better represented in advocacy; and advisory efforts, e.g., given opportunities to serve on boards, councils, panels, committees, or task forces.
   - Consumers, who have been recently served by vocational rehabilitation service providers, should have opportunities to function in an advisory capacity to such providers.
   - Demonstration projects should be funded that conduct outreach to under-served populations (e.g., placing vocational rehabilitation counselors in store fronts and church basements to reach people in their neighborhoods).

3. ***Recommendations/Implications For Training of Staff/The General Public, etc:***
   - Professional development and continuing education must include training on consumer friendly strategies in service delivery and administration.
   - A state vocational rehabilitation agency must educate the general public about what it is doing, what it can do, and what it cannot do.
   - Vocational rehabilitation service providers must become an integral part of business community culture (e.g., join local business groups) and form partnerships with businesses to develop consumer friendly approaches to employment-related assistance for individuals with disabilities.
   - Each vocational rehabilitation provider should work to establish itself as a business peer within the local business community.
4. ***Recommendations/Implications For Needed Research:***
   - A national effort should be undertaken to define what a consumer-responsive, consumer-friendly vocational rehabilitation service provider should look like and how to hold such providers accountable for the services they deliver.
   - With regard to vocational rehabilitation services, there is a need to identify non-traditional and innovative approaches to reach and assist the underserved.
5. ***Recommendations/Implications For Legislation - Federal, State, Local:***
   - In law, regulation, and policies derived from them, there is need to identify and eliminate barriers (i.e., the status system) to effective service delivery.

Business and Labor Union Issues

1. Establish truly-representative business advisory councils, involving business and labor as "senior partners". Develop linkages with chambers of commerce, service clubs (Rotary, Kiwanis, etc.) and merchant groups as a means of involving small business.
2. Establish internships and formal exchanges between rehabilitation educators/ providers and business and labor.
3. Establish a nationwide quick-response interactive information network for employers, matching job-ready candidates and job openings. This should include opportunities for providers to obtain information from each other regarding the status of employer contacts, as well as opportunities for advertising job-ready candidates.

4. Link job service and vocational rehabilitation offices in all states in order to share timely information on job-availability. (Providers should have direct access to job listings.)

5. Facilitate expansion of business- and labor-based mentoring programs for consumers (e.g., shop stewards as "buddies").

6. Develop collaborative training programs among business, labor, education, and rehabilitation to address the needs of re-training and lifelong learning.

7. Work with business and labor to define and validate general "work skills" (e.g., problem-solving and work "concepts") in order to develop an appropriate life span learning system for training/re-training of qualified workers.

8. Develop more effective marketing strategies for existing business-oriented rehabilitation services (ADA training, disability management, recruitment, job screening, etc.).

9. Conduct research into entrepreneurship models as an option for the training of people with disabilities (especially severe populations).

10. Instruct select providers in small-business and economic-development strategies, including the availability of related community-support services.

11. Provide resources and support-services to enable individuals with disabilities to start their own businesses.

12. Promote greater collaboration among rehabilitation service-providers by removing existing procedural barriers (e.g,. the determination of who receives "credit" for final placement)

13. Explore the implications of separating the state vocational rehabilitation counseling and placement functions.

14. Train providers in appropriate strategies for working with labor unions.

15. Develop disability-management policies for handling H.I.V. and other chronic illnesses in the workplace.

16. Encourage NIDRR to conduct its own survey regarding the employment status of working-age adults, and to identify the factors contributing to the high rates of employment among individuals with disabilities.

17. Promote greater collaboration among the Depts. of Education, Labor, Human Services, and Social Security to address the issue of 70% unemployment among individuals with disabilities.

18. Encourage business and labor to integrate disability- awareness training with existing cultural-diversity programs.

Education Issues

1. Convene a National Education Forum of stakeholders including but not limited to consumers, Rehabilitation Services Administration (RSA), National Rehabilitation Association (NRA), Council of State Administrators of Vocational Rehabilitation (CSAVR), National Council on Rehabilitation Education (NCRE) and the National Institute on Disability and Rehabilitation Research (NIDRR) which will establish an ongoing process for communication at national, state, and local levels. To plan, coordinate and review Rehabilitation Education strategies for the purpose of ensuring excellence in Rehabilitation Education.

2. Encourage the development of Individual Education Programs (IEP) for all rehabilitation personnel, service providers, managers and administrators, and university faculty, using as one vehicle a Rehabilitation Summer Institute. Develop position trade programs, using systems like but not limited to Rehabilitation Administration Management Programs (RAMPs) and Regional Rehabilitation Continuing Education Programs (RRCEPs).

3. Research - Develop ongoing assessment of educational needs and training effectiveness. One role of educational research will be to test the assumptions, traditions, as well as policies and practices which impact on the service delivery practices.

4. NIDRR/RSA/CASVR to submit as a topic "Rehabilitation Education in the Twenty-First Century for Service Providers" as an Institute on Rehabilitation Issues (IRI) study topic in 1995.

5. To maximize funding for Human Resource Development (HRD) in that education and training resulting in preparing skilled practitioners is one of the corner stones to quality service delivery.

Service Provider Issues

I. Recommendations That Would Enhance Service Delivery

A system of service delivery for people with disabilities must incorporate the values expressed in the reauthorization of the Rehabilitation Act:

1. Disability is a natural life event.

2. Persons with disabilities are entitled to pursue meaningful career opportunities in integrated settings.

To achieve these goals, service systems must move to collaborative models of assistance. In a cooperative model, organizations provide service for people, and choices are made from existing services. The collaborators assist by identifying resources available to achieve the identifying goals. Collaboration means complete openness about the availability of resources and is driven by the needs identified by the consumer.

In our current model, services are limited and case managers serve in "managed care models", limiting access to services. We propose moving to a case management model which is consistent with the collaboration model where goals are identified and resources identified to meet those goals.

We recommend that the greater devotion of resources be given to systems change efforts and to efforts to develop employer-based models of service. This would include:

A. Marketing efforts to assess employers' needs for services related to the employment, training and retention of persons with disabilities.

B. Application of economic development models to promote employment of persons with disabilities.

There is opportunity for substantive improvement in the delivery of service through the use of marketing models and employer based-service models.

More resources must be directed to systems change focused on advocating for improved access to community services. Access is critical to achieving the goals and promoting the values of the Rehabilitation Act

II. Recommendations for Policy or Program Development

Policy must be developed to remove disincentives for participation in employment. These disincentives exist both in law and regulation. The continued severe limits on access to health care for persons who are current recipients of Social Security Disability (SSDI & SSI) benefits severely limits the opportunities for employment for people served in that system. The SSI program and public assistance programs have similar disincentives that operate to maintain dependency relationships of people with disabilities. We must devote efforts to remove these disincentives.

In the area of employer services, disincentives exist as a result of the worker's compensation system, limitations on access to health care, and attitudinal limitations. These areas must be addressed in the employment setting.

III. Recommendations for Training

1. Rehabilitation counselor programs must be broad-based to meet the needs for professional rehabilitation counselors in a variety of settings including the state and federal programs, private practice, VA and other federal settings, and employer-based settings.

2. State programs need staff development programs driven by employee needs that provide training that is individually focused. Likewise, there is a need for continuing skill development for people employed in the field of rehabilitation including certification of skills in areas such as job placement, chemical dependency, and head injury rehabilitation. Training provided at or near the worksite or homesite of the individual requires stronger emphasis on developing distance learning programs.

3. There should be continued access to new ideas and new technology and often this means reaching beyond our own resources and striving to find the latest, most current best practices in the broader community.

4. There is a need for continued training in the ability to function as an effective team member in the provision of rehabilitation services. These teams are both interdisciplinary, transdisciplinary, and transorganizational in nature and require the development of communication and cooperation for the effective delivery of service is needed.

5. We recommend a stronger focus in training to meet the needs of people from diverse backgrounds and cultures who are working in rehabilitation settings; providing access to entry positions and developmental positions in those settings; as well as providing opportunities for professional advancement.

IV. Research

There is a significant need for applied research and the dissemination of research findings. It is recommended that in the dissemination of research findings, the potential user of those findings be considered and that a greater focus be placed on the practical aspects of how to replicate the findings of research. Essentially, counselors in the field, users in the field want to know "how to do it".

We also believe that there is a need for research that looks at activities such as marketing to employers, employer-based services, and economic development models to assess the effectiveness of those models in assisting people with disabilities to have greater access to employment. Finally, we recommend that research be directed to accessing outcome of services provided in facilities to identify programs and facilities that produce successful outcomes so that those activities can be duplicated.

Special Invited Paper

Women and Vocational Rehabilitation: An Urgent Need for New Directions

Margaret A. Nosek

The problems women with disabilities face in obtaining appropriate and effective vocational rehabilitation services have not received due attention among those who are setting a new course for the field as it enters the 21st century. The women's rights movement has made substantial gains in raising rates of employment and advancement in employment for women in general; however, women with disabilities have not shared in these achievements. Their disability is the characteristic that is most predictive of their employment status, not their womanhood, nor their educational attainment, which, for the general population, is the most accurate predictor. For us, all the discrimination and work disincentives that accompany disability must be added to all the discrimination and work disincentives that accompany being a woman, and, for nearly one-third of us, all the disadvantages that accompany minority status, before our employment situation can be understood.

Let's look at what we know so far about women with disabilities. To get a picture of our work status, we must go beyond the standard "26 Closure" of the vocational rehabilitation system to some population-based outcome measures. Statistics compiled by the U.S. Department of Labor (1990), Deegan and Brooks (1984), and Fine and Asch (1988) indicate that, compared to men with disabilities, women with disabilities are:

- less likely to be employed (24% versus 44%); 11.4% disabled women work full-time year-round,
- earn substantially less ($5,865 versus $13,863 per year in 1981); African-American women with disabilities earn $0.22 on the white male dollar,
- less likely to receive training from the vocational rehabilitation system in wage-earning occupations (68% versus 94%), and
- less likely to be college educated (3.8% versus 20% of women without disability).

With such substantial barriers to obtaining an earned income, it is not surprising that this population ranks very low on other socioeconomic indicators as well:

- more likely to live in families below the poverty line; 56% of all persons with disability living below the poverty line are women,
- have lower levels of disability coverage, insurance, or retirement benefits (24% versus 42%),
- less likely to receive Social Security disability insurance benefits (55% versus 67.5%),
- receiving less money from Social Security benefits ($281 versus $399 per month),
- half as likely to receive benefits from early retirement,
- less likely to be married (49% versus 60%),
- more likely to be divorced if they have a severe disability (26% versus 14%),
- more likely to have a severe disability (85% versus 59%), and
- more likely to live in a nursing home (73% versus 27%).

Margaret A. Nosek, Ph.D., Associate Professor, Department of Physical Medicine and Rehabilitation, Director, Center for Research on Women with Disabilities, Baylor College of Medicine, Houston, TX.

The message of these statistics is that women with disabilities are one of the most severely disadvantaged groups in this country. More current statistics have just become available from the U.S. Census of 1990 (McNeil, 1990), but they show very little improvement. The employment situation of women with disabilities does not seem to have risen with the tide of change wrought by the women's movement or the Americans with Disabilities Act. The call for attention to these problems is loud and clear.

A research group in Region V of the Rehabilitation Services Administration conducted a study of gender equity within its eight General and Blind agencies in six states over a 13-year period from 1972 to 1984. Following are some of their findings (Region V Research Study Group, 1987, pages 2-6):

- After vocational rehabilitation services, women rehabilitants in Region V earned less than men and had a greater probability of remaining below the poverty level. The 13-year data indicated that at closure women achieved less financial independence and maintained greater reliance on public assistance than men. This was true even though the financial resources available at the initial point of contact with the system were similar for men and women.

- Over the 13-year period the Region V vocational rehabilitation system perpetuated the limiting effects of gender-role occupational stereotyping for women.

- Vocational rehabilitation programs have not formalized systematic approaches to address the vocational experiences and characteristics of women.

- Younger women are under-represented in the Region V vocational rehabilitation system. The 13 year data indicate that the referral process that encourages referrals of young men seems to be increasingly ineffective in fostering referrals of young women.

- The joint development of the rehabilitation plan may be adversely influenced by the stereotypes and attitudes about women, men, and work that state agency personnel and clients bring to this planning process.

- Although women enter the system with a higher level of education and are more likely to be sponsored in post secondary training their pattern of services does not yield earnings outcomes that are comparable to the earnings of men.

- The vocational rehabilitation system has been used as a societal change agent to create opportunities and to open avenues for equity. The data from the study argue for acceptance of a responsibility for establishing the necessary outreach and intervention strategies that will assure appropriate and equitable access, services, and outcomes for women with disabilities.

Their report lists numerous questions for further research and recommendations for action by the Rehabilitation Services Administration, National Institute for Disability and Rehabilitation Research, Congress (through the Rehabilitation Act), and The Institute on Rehabilitation Issues. They cite the lack of a theoretical basis for the vocational guidance, counseling and rehabilitation of women with disabilities. They call for research that addresses (a) vocational decision-making of women, (b) assessment practices which focus on the functional capacities of women, (c) counseling practices which optimize career choices for women, and (d) occupational development approaches which yield economic self-sufficiency for women (Region V Research Study Group, 1987, page 7).

It is unfortunate that the excellent research and recommendations of the Region V Research Study Group have had little effect on the field of vocational rehabilitation over the past seven years. I would like to issue a call to arms for researchers, educators, counselors and vocational rehabilitation agency administrators alike. We will continue to see no change in gender inequity until we force action in the following areas:

First, research. Thanks to efforts of the National Council on Disability, items on disability have been included in questionnaires for the 1990 census and other general population surveys from the early part of this decade. With the availability of these data, we can now generate statistics on the interaction of gender and disability. We need summary reports, such as those produced by Frank Bowe on the 1980 data (Bowe, 1984), as well as in-depth examinations of certain variables, such as disability type, as they relate to employment status.

There is also a need for research on the various factors that effect the employability of women with disabilities. Are socioeconomic factors a cause or an effect? What are the gender specific barriers that prevent women from having access to education and training? What factors are common among women with disabilities who are successfully employed? How does the disproportionate responsibility for child care and the more limited access to personal assistance services faced by women with disabilities affect their ability to pursue gainful employment?

Second, we must look more closely on a national level at how vocational rehabilitation agencies treat women. The recommendations from the Region V study must be taken seriously and implemented. The Rehabilitation Services Administration must be held accountable for its failure to address the documented gender inequity of its services. The homemaker closure status in particular must come under serious scrutiny. A study at the Baylor College of Medicine Research and Training Center on Spinal Cord Injury found that women who classified their employment status as homemaker had the highest levels of depression (Rintala, Young, Hart, & Fuhrer, 1994). This status must be converted from a dumping ground to a legitimate career goal for women who sincerely seek it.

Third, we must look at the status of women within the vocational rehabilitation system itself. There is a strong "glass ceiling" effect that prevents women from moving into positions where they could have the power to institute change in VR policy and practice. The number of women who attend meetings of the Council of State Administrators for Vocational Rehabilitation can be counted on one hand.

Fourth, the National Institute for Disability and Rehabilitation Research (NIDRR) must be encouraged to establish a priority on women. NIDRR has begun to take steps in this direction. In July 1994, they convened a task group of consumers and researchers to advise them on women's rehabilitation issues. The group strongly recommended the establishment of a Rehabilitation Research and Training Center on women, unaware that the same recommendation had been made seven years earlier by the Region V Research Study Group. In October 1994, NIDRR issued a request for comments in the *Federal Register* on a research and demonstration priority related to pregnancy and childbearing by women with physical disabilities. There was a strong response from the field that this priority was too narrow and stereotypic. Congress has mandated that the National Institutes of Health require that all applicants for its funds state how their proposed research addresses concerns of women and minorities. NIDRR has a similar requirement, but it only addresses concerns of minorities. We in the field must pressure Congress to require the same level of accountability for both funding agencies.

Fifth, we must institute vocational training programs that address some of the special life circumstances faced by women with disabilities. These programs must encourage women to pursue non-traditional career paths. They must offer such auxiliary services as child care and personal assistance at the training site. The awareness is slowly growing that the personal hygiene needs of women with physical disabilities constitute a much more serious deterrent to employment than they do for men with physical disabilities. When research results are forthcoming on gender sensitive methods of vocational assessment and guidance, programs must be receptive to putting them into practice.

Finally, we must take steps to change social attitudes toward the employment of women with disabilities. The traditional medical model has helped generate the stereotype that women with disabilities are exempt from fulfilling such social roles as mother, wife, and worker. This attitude, however archaic and inappropriate it may seem, is still very strong among the general public, employers, educators, counselors, service providers, and women with disabilities themselves. Organizations that have scored outstanding success in raising awareness of disability rights, such as independent living centers, Paralyzed Veterans of America, Easter Seals, and the President's Committee on Employment of People with Disabilities, must now also adopt the women's rights agenda before real progress can be made.

If these words sound like an incitement to revolution, they were so intended. Are we all so busy and comfortable in our niches that we can continue to let the unconscionable situation of women with disabilities continue to exist? Each of us has within our power the ability to institute change that will benefit women with disabilities—change in the places where we work, in the policies that govern our practice, in our attitude toward the women we serve, in the attitude of the women we serve toward themselves, and in our own personal lives. Change will come when each of us decides to exercise that power.

References

Bowe, F. (1984). *Disabled women in America*. Washington D.C. President's Committee on Employment of the Handicapped.

Deegan, M.J. & Brooks, N.A. (eds.) (1984). *Women and disability: The double handicap*. New Brunswick, NJ: Transaction Books.

Fine, M. & Asch, A. (eds.) (1988). *Women with disabilities: Essays in psychology, culture, and politics*. Philadelphia, PA: Temple University Press.

McNeil, J. M. (1993) *Americans with Disabilities 1991-92 U.S. Bureau of the Census: Current Population Reports P70-33*. Washington, D.C.: U.S. Government Printing Office.

Region V Research Study Group. (1987). Region V study of access, services and benefits from vocational rehabilitation 1972 to 1984: A gender perspective. Menomonie, WI: Research and Training Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout.

Rintala, D.H., Young, M.E., Hart, K.A., & Fuhrer, M.J. (1994). The relationship between the extent of reciprocity with social supporters and measures of depressive symptomatology, impairment, disability, and handicap in persons with spinal cord injury. *Rehabilitation Psychology*, 39(1), 15-27.

U.S.Department of Labor. (1990). Fact sheet. Washington, DC: U.S. Department of Labor.

Special Invited Paper

Rehabilitation as a Knowledge Business

Jon Lundin

Smart Jobs and Social Priorities

Computer technology is changing the American workplace. It's altering the methods of production, the kinds of employment, and even the notions of what jobs are. The essential work in our offices and factories keeps getting more and more abstract, as better, timelier data is applied to all aspects of production. Good jobs keep getting smarter—increasingly analytical, and more dependent than ever on a person's knowledge and expertise.

The computerized workplace holds out the promise of endless product and service improvements, a brave new world of high-performance organizations; but it also poses a serious threat to people who are unskilled and uneducated today, to minority populations, and to others who have been traditionally excluded from the mainstream of American life, such as people with disabilities.

The possible consequence of this should not be underestimated. Economists warn of a growing division in society between knowledge and service workers, the former composed of well-paid and highly-educated professionals, and the latter made up of much more marginally-skilled employees who compete for jobs requiring physical labor and certain rote procedures and who end up being forced to work - if they're able to work at all - in a low-bid market. Peter Drucker, probably the most eloquent interpreter of the knowledge society, believes it should be a "social priority" in developed countries to increase the productivity of service work, to provide more access to advanced training and education for those persons at the bottom of the economic ladder. Unless we meet this priority, Drucker says, "the developed world faces increasing social tensions, increasing polarization, increasing radicalization ... [and even] ultimately a new class war" (*Managing the Future*).

Value-Added

These are strong words, but they're hardly the stuff of science fiction. Whether Drucker's view is farfetched or not, virtually everyone agrees that knowledge will be the chief source of value-added in the new society. Our traditional sources of wealth - labor, capital, and natural resources - will eventually provide less of a competitive advantage than the creative and productivity-enhancing assets of information technology.

Anyone interested in the future of rehabilitation ought to be thinking about the issue of knowledge work. Are our existing consumer services going to be sufficient to take us into the 21st century? Will they be relevant to a labor market that requires abstract reasoning and critical judgment for its jobs of value? Will our system be able to provide opportunities for people with disabilities in significant numbers in this automated workplace? If so, what kinds of jobs will they be?

One way of responding to questions such as these is to say that many people with severe cognitive impairments simply won't be suited to knowledge work. They aren't today. The changes that Drucker is talking about, however, won't alter the needs of these people to work in real community settings and to participate in real work routines, whatever the level of compensation. This is a question of civil rights, a legal and ethical issue. Unless the government alters its order of selection, these individuals will continue to be priority clients. The business of rehabilitation in the future is still going to be the provision of job-placement and job-accommodation services. The present trend towards mainstreaming, in other words, is right on track.

Sips and Puffs

Some of our current policy-makers may want to expand this argument by saying that computer technology should

---

Jon Lundin, President, Abilities Center, Goodwill Industries, Inc. Rockford, Illinois.

really be viewed as an asset to people with disabilities, an aid in finding better jobs and in doing them successfully; and it's certainly true that the rapid commercial development of adaptive and assistive tools is providing much greater access to technology today.

Computers can be activated now by simple muscle movements: nods, eye blinks, sips and puffs on a straw, tongue motions on a dental retainer. Computers can convert speech into text and text into speech - as well as into braille and coded sensory vibrations. Intelligent word-prediction software helps us process thoughts, anticipating the words and phrases being typed on the screen. Body suits with three-dimensional sound, data gloves, and head-mounted eye sensors offer exciting training options in worlds of virtual reality.

There seems to be no end to the possibilities. The enormous product resources in all areas of computer technology, from word processing to desktop publishing and graphic arts design and multimedia systems, are finding a multitude of new applications as assistive tools. And these devices, in turn, are transforming the way that disability is being experienced in the workplace.

This, certainly, is a cause for optimism. Shouldn't we be hopeful about the future of rehabilitation when advances such as these are leveling the competitive playing field?

Higher Thinking Skills

The answer is, I think, both yes and no. On the one hand, new technology is probably equal in importance to the Americans with Disabilities Act as agent of change in the workplace. It has already helped to remove a number of barriers to employment that people with disabilities encountered in the past, and it has helped to create jobs that are entirely free from sensory and mobility requirements. If brainwork is going to be the competitive standard of measure in the 21st century, then a person's physical limitations (with the proper assistive tools in place) are obviously not going to matter very much.

On the other hand, it's possible to agree with all these points, to recognize the exceptional value to rehabilitation of computer technology, and still to be concerned about the job prospects of people with disabilities in the new society. (Here I am speaking only of those individuals who are capable of knowledge work, though in any event the majority of persons with barriers to employment.) Smart machines are no better and no worse than the people using them, but the more powerful and versatile the technology becomes, the more its users will need to acquire higher thinking skills to maintain their competitiveness in the job market. The challenge of the 21st century will be one of people, not machines, and what will matter most is the knowledge content of the jobs that they'll be doing. All discussions of assistive technology are thus somewhat beside the point except as they relate to the skill-levels that people have been trained for. Issues of "equal access" eventually resolve themselves into questions of skill development once the physical and sensory barriers to a person's employment have been overcome by technology.

A Lifespan Learning Network

These questions, of course, are not unique to people with disabilities, though they're absolutely fundamental to the possibilities of income growth and upward career mobility in the new society, to the individual options and choices that the rehabilitation business is dedicated to providing for its clients. Can we develop a learning network that addresses the needs of all ages and all ability-levels and allows people to keep pace with changes in technology? Should this be done exclusively within our existing public institutions, our schools and colleges? Or should there also be a role in this for our rehabilitation facilities (always accepting the fact that these organizations will refashion themselves in the future into new kinds of learning centers)?

We can try to answer these questions by asking another one: Is it realistic to assume that this transformation - the creation of a learning network which addresses the development of thinking skills - is going to happen very soon outside of an advocacy system?

Obviously, someone should also ask: Is such a network very likely even within an advocacy system? If the probability of this happening seems slightly higher than it does within our public institutions, it's only because rehabilitation facilities have a vested interest in seeing it occur. (They also have the freedom to undertake these changes, from the political pressures of government that promote the status quo.) As the mainstreaming of clients continues, as more and more of its traditional services are transferred to community settings and more and more programming takes place in schools and colleges, facilities will need to refashion themselves as a matter of survival. This will be an evolutionary change, not a radical one, and it will not be something that every organization wants to undertake.

The Role of Rehabilitation Facilities

The facilities that go through this transformation, the ones that successfully redesign their programs to address the issues of knowledge work, will draw upon their expertise in rehabilitation to differentiate themselves from their competitors. They will focus on the needs of low-income populations in general, but they will also try to establish a reputation for knowledge services in relation to certain disability groups and certain types of entry-level employment that offer the possibilities of career development.

These facilities will create a variety of learning environments and encourage students to discover their interests in a particular area of work; they will use challenging, real-life situations to help students identify and solve problems - as well as to understand the principles and concepts involved. Instead of phasing out their assessment services (as is the trend today in many organizations), these facilities may simply choose to refocus them on questions of brain dominance and multiple intelligence; and then to use the information that they get from the assessments to help students understand the ways that they like to learn.

This kind of customization will undoubtedly be expensive and require a good deal of software support, but it will pay for itself many times over in improved student performance. The fact that this software may be in the public domain and accessed through an information network of some kind does not alter the need for small, personalized learning situations where the software is being used.

Learning does not operate on an economy of scale, as the results of mass education make so abundantly clear. Instead, it is motivated by a sense of personal inquiry, by the need to define one's identity (and to increase one's self-esteem) in relation to the discovery and development of a unique set of talents. Like the patterns of fingerprints, human abilities are infinite in their variety. Everyone is different; and differences are good.

Beyond the obvious emphasis on technology-assisted learning, the use of discovery environments, and the focus on individual learning profiles, the nature of other facility changes will be more difficult to predict. Many organizations will pursue educational certification as a means of making themselves more credible to their students. Many will seek to establish closer working relationships with the business community along the lines of the current Projects-with-Industry model. Many will try to expand their formal affiliations with public and private education, as well as to develop relationships with local providers of housing, health care, day care, and transportation as a way of providing their students with a comprehensive referral network. Some facilities - only a few at first, but more and more as the results become clear - may choose to integrate the arts into their knowledge services, offering students an opportunity to consolidate their technical understanding of a subject through the most basic, instinctive kind of human enterprise.

Drawing word-processing concepts? Singing and dancing software routines? Acting out the sequences of an information system? All this may sound foolish and beyond the fringe, but if the future of rehabilitation is all about options and choices and making knowledge work accessible to the greatest number of people, then these things are probably much more on the money than we are ready to admit.

Special Invited Paper

Independent Living and Disability Culture Perspective

Paul Spooner

Introduction

As Public and Private Rehabilitation prepares for the 21st century, our direction seems clear. Empowered by the passage of the Americans with Disabilities Act of 1990, and the Rehabilitation Act Amendments of 1992, people with disabilities are now playing an active and informed role in the provision of rehabilitation services. The language of the 1990s and the 21st century proclaims, "client choice, empowerment, cooperation and collaboration", toward the goal of achieving the best possible rehabilitation goals an individual with a disability can attain. However, from the independent living perspective, not much has changed. These are merely new words to describe the same old ways of providing rehabilitation services, and the same old bureaucracies providing services. The rehabilitation service delivery model continues to operate on old principles and practices.

The Problem

The model of public vocational rehabilitation services is based on a number of values and practices set forth in the rehabilitation paradigm. Through this model, the individual served has a physical or mental impairment and/or lack of a vocational skill necessary to attain employment. With professional intervention and treatment, the "patient" or "client" receives services to fix or improve functional skills necessary for a vocational goal. The desired outcome of this model is maximum self-care and activities of daily living, and gainful employment, usually in entry level jobs. The professional controls the process of rehabilitation services provided to the individual with a disability.

With the model of the independent living paradigm, the definition of the problem is dependence upon professionals, family members and others, as well as facing the hostile attitudes, discrimination and inaccessible environment our society provides. The real problem is not with the individual, but the environment and the medical and/or rehabilitation process itself, which continues to provide services based on the charity or paternalistic form of interaction. Individuals with disabilities are daily treated as second class citizens, or as clients/patients who are offered limited choices in pursuing life goals and dreams. The solution to the problem is barrier removal, advocacy, self-help, peer role models and counseling, and complete control over a range of options and services available to a non-disabled individual. The role of the individual with a disability is a "consumer" or "user" of service and products. The consumer controls the process of rehabilitation services, with the desired outcomes being independence through control over acceptable options for everyday living in an integrated community.

Essentially, independent living is a new field, with a history dating back to the late 1950s and early 1960s. This movement was started by individuals with disabilities unwilling to continue their existence in institutions or hidden away. Many of the early pioneers of the movement were, in fact, clients found too severely disabled for employment by the public vocational rehabilitation agencies in their respective states. People with disabilities, like other groups in the sixties, demanded social justice, equal rights, and equal access. The early independent living centers were founded on college campuses, run by the disabled students, providing peer-role modeling, assistance with housing, and personal attendant services. The introduction of the Rehabilitation Act of 1973, which led to the first federal funding of independent living centers, and civil rights protection to individuals with disabilities in programs funded by the federal government, created a wave of support for the independent living philosophy and the

---

Paul Spooner, Executive Director, MetroWest Center For Independent Living, Framingham, MA.

emerging disability culture. However, during the seventies, a trend grew within the rehabilitation community, called independent living rehabilitation services, which are the support services, such as personal assistance services, home modification, etc., necessary for an individual with a severe disability to live independently. The services are provided by independent living counselors working for the public vocational rehabilitation agency following the more traditional rehab. paradigm. The current Title VII Part B program funds these services. Most of us in the independent living community consider this a rehabilitation perspective form of independent living, without a true commitment to consumer control, and the right to make educated choices among a number of options.

Throughout the history of the independent living movement, it has been a struggle to teach people with disabilities and others how different we really are. Our movement is about consumer control and the right to expect the same choices and options that the non-disabled population has. With self-help, peer-role modeling and self-advocacy, the independent living movement has empowered individuals with disabilities to demand and expect equal access and equal treatment. Independent living centers (ILCs), are not in the business of providing services, but in the business of advocating for the rights of individuals with disabilities to receive the services they need. In addition, ILCs provide systemic advocacy to ensure compliance with forms of legislation protecting the rights of individuals with disabilities. The passage of the Rehabilitation Act Amendments of 1992, requires ILCs to meet standards and indicators that define in the law what an independent living center is. Included in the standards is the requirement that all centers must provide systemic advocacy. These standards will enable centers to return to the job of being primarily advocacy organizations built on the principles of consumer-controlled, peer-role modeling organizations controlled and run by individuals with disabilities. As a result of this model of empowerment and consumer control, the disability culture came into being. As individuals gained control over their lives, pride started to grow, individuals started to believe having a disability was not something bad, but good, and can add to the quality of life for many individuals. With this pride and consumer control comes power. Individuals with disabilities no longer need professionals telling them what is best for them. What we need is professionals assisting us in attaining the goals and options we want. Every day, more individuals with disabilities are demanding services, speaking out against the old way of providing services, and confronting the traditional rehabilitation system at all levels.

The Solution

In order for the public vocational rehabilitation system to change, a number of issues need to be resolved. Individuals with disabilities must be treated as equal partners in the process, rehabilitation professionals must become more advocacy focused, and play the role of facilitator. Vocational rehabilitation services need to meet the goals of the individual, not the needs of the bureaucracy. Outcomes should be measured by the satisfaction of the services received, not by the individual gaining an entry-level job. For far too long the current system has counted numbers, not successful outcomes.

The direction for vocational rehabilitation clearly indicates a trend of greater control by the individual receiving the services. Systems and agencies must be flexible to provide a range of services and options to meet the diverse needs of individuals with disabilities. The rehabilitation community must include independent living centers as equal partners in the process of providing services to individuals with disabilities, and understand that independent living encompasses the whole person, not just their vocational goals. For the vocational rehabilitation community to be truly prepared for the 21st century, will require an investment in empowering the very individuals they serve, not to lead the way for them, but to facilitate a process of informed choice and a range of options that is equal to the options available to the non-disabled community.

Without this change, the public vocational rehabilitation system will cease to exist. Many members of Congress, and individuals with disabilities are asking if this system really works, why does the disability community continue to face an unemployment rate of over 60%? The answer to these questions is simple. Allow individuals with disabilities to have control over the decisions that affect their lives, including vocational rehabilitation.

Conclusion

Throughout history, disenfranchised members of society have developed and created movements to overcome the oppression of society. This is true with the disability community. We are tired of being told what we should be, what kind of work is right for us, and how to "fix" us, so we fit better in society. We do not need to fixed; the system does. We want to be treated as equal members of our society, not as second class citizens. The community of individuals with disabilities is gaining its strength. We are proud of who we are, and we expect an equal share and place in our society. Join us and work with us, or step aside!

Special Invited Paper

The Voice of the Special Group

Ruth Royall Hill

I will make a conscious assumption that those of us who are truly knowledgeable of the State-Federal Vocational Rehabilitation Program know that the program has over the years made, and continues to make, a substantial and significant contribution to the lives of persons with disabilities. Moreover, I again make a conscious assumption that the overwhelming majority of recipients of vocational rehabilitation services and their families, as well as the overwhelming majority of state-agency vocational rehabilitation counselors compose a SPECIAL GROUP who can best attest to this.

Somewhere, however, the voice of this Special Group has gotten lost in the scheme of things; whether political, legislative, programmatic or otherwise. Somehow, this Voice, in effect, has been the Silent Voice. Yet, the Voice of this Special Group is the one to be heard if we are to truly build a foundation for progress. This Voice should be utilized as the guiding force for the direction of change. Yet, the Voice is seldom heard; its wisdom seldom utilized.

In many meetings that I have attended that include consumers and advocates providing input for policy, legislative and/or programmatic decisions relevant to the VR program, I hear "a story" from the consumers and advocates that appears to form a basis for decision making. I rarely, however, hear the "rest of the story" known so well by the Special Group, nor does the "rest of the story" appear to be given equal consideration in decision making. Quite candidly, even the consumers and advocates present very rarely reflect the racially diverse population served by the State VR Agency, nor most clients that typically walk through the doors of the State VR Agency. Also, very rarely is the "Special Group" VR Counselor present to tell "the rest of the story". Frequently, no VR Counselor is present to tell any story. So I ask myself this question, "Who is speaking for Whom?"

The Voice of the "Special Group" is the one that can provide the best basis for decision making to bring about progress and necessary change. Positive begets positive.

The Voice of the "Special Group" must be encouraged, included and heard. The "Special Group", whoever, must consider it a personal professional responsibility to make its Voice heard. Only then, can we as stakeholders be assured that decisions affecting the State VR Program are sound.

As a former VR counselor, one of the greatest joys that I experienced always occurred when my client and I discussed the client's assets as a result of vocational assessment. The joy was often entrenched in the fact that this was usually the first time in that client's life that he had been aware of his capability and potential for success in the work world. My joy was felt because of the joy expressed on the face of the client, and the beginning of that client's display of high self-esteem.

There are thousands of stories that can be told by the Voice of the "Special Group". They must be included and heard. Then we will not just tell "a story" alone, not just the "rest of the story" —but, together, we can all tell "the real story".

Ruth Royall Hill, Administrator, District of Columbia, Rehabilitation Services Administration, Washington, D.C.

Reflections— Past, Present and Future

Random Thoughts of Rehabilitation Leaders and Legends

The Switzer Monographs have served not only as a forward planning document, but also have captured some of the rehabilitation history which has reached its 75th anniversary mark in 1995, and coincides with the publication date of this monograph. It seemed proper to poll some of the people in rehabilitation that helped to make it the great profession and human endeavor that it has become over the years. We owe the following authors a great debt of gratitude for their early work in the field that helped to provide the foundations upon which we currently function in a field where people are the priority. All of the authors noted below worked with Mary Switzer in one way or another and all were innovators in their own right. We appreciate what they did in the development of vocational rehabilitation in the United States and also for sharing their recollections and ideas with us for this *Switzer Monograph* that focuses on the 21st Century. The authors of the comments have been listed in alphabetical order.

The qualities that set Mary Switzer apart among the social leaders of her era cannot be defined in a few short paragraphs. But so impressive and enduring are the effects of her efforts that even a brief reminiscence can convey some sense of the dynamism with which she shaped America's vocational rehabilitation services. As a member of her staff beginning with the first year of her stewardship of the public program that will always bear her stamp, it was my great privilege to witness a succession of the achievements that ensure Mary Switzer's place in history.

Miss Switzer's staff had a persona that in many ways reflected the enthusiasm of its chief. Successful administrators incline toward pragmatism, and Mary Switzer was no exception. Always focused on results, she was demanding of her subordinates as she was of herself. But always her pragmatism and her demands were tempered by consideration and compassion. One result was a loyal staff fully committed to the Switzer approach.

Among the many reasons for Switzer's success was her keen sense of public relations and mastery in breaking down public relations into manageable components of personal relationships. In doing so she was profitably served by the talents of W. Oliver Kincannon, a well-connected former political reporter and writer. Early on it was he who encouraged Mary Switzer to exploit her talents and personality in frequent public appearances and one-on-one meetings with public and private sector leaders who could help in advancing the cause of rehabilitation.

Due to my involvement in this phase of Switzer's many-faceted administration, I have frequently been misidentified as her "speech writer." The fact is that Miss Switzer never had a speech writer and never needed one. I never knew her to present a speech written in advance, or to read from a script. She always spoke extemporaneously from the heart; much would have been lost had she substituted processed presentations read from texts.

Of course, subsequent published proceedings usually required written texts of her remarks, and a major task of mine was to put on paper—usually after the fact—the substance of her public addresses. "Be sure to make it sound like me," she would caution (which meant incorporating some of her distinctively personal literary whimsies).

Staff members always let Mary Switzer be Mary Switzer — they had no choice, of course — and rehabilitation was all the better for it.

John T. Collier
Retired Director, Special Projects
Social & Rehabilitation Services
Department of Health, Education and Welfare

My recollections of the State-Federal program of Vocational Rehabilitation began with a 1958 meeting with Dr. Salvatore DiMichael, Regional Commissioner of the New York Office (HEW Region II), Joseph Hunt, assistant to Commissioner Mary Switzer and of course, Miss Switzer or

"Mary" as she was affectionately called by almost everyone, including members of the U.S. Congress. It was said that when Mary went before the Senate or House Appropriations Committees to make a case for the V.R. program, the members of the Committees would put aside the usual questions and simply asked Mary how much did she want? The people mentioned above shaped my philosophy of rehabilitation for the next 30 years.

As I look back on the history of the public VR program I think of the wonderful relationships and cooperative efforts between the National Rehabilitation Association, the Council of State Vocational Rehabilitation Administrators and RSA. At one point Ms. Switzer was President of NRA while she was Commissioner of RSA. As President she went to all NRA meetings and encouraged the membership of NRA to recruit new members, support State funds for the Federal match and promote new State projects. I recall the close relationship between Mary Switzer and E.B. Whitten, former Executive Director of NRA. I had the privilege of having been elected to the Board Member-at-large position during E.B. Whitten's leadership. "E.B. was always in a state of political motion, calling upon VR State Directors and members of the Congress to support new and innovative legislation such as Projects with Industry (PWI). Two of the first such projects went to Fountain House in New York City, and to Human Resources of Long Island, New York. Both of these projects went on to become national models.

In the "olden days" Ms. Switzer would chair the meetings of regional commissioners. I would hear her speak of the VR State Directors as "her boys" and of course, that was before the advent of female State Directors. Above all Mary was the consummate bureaucrat and proud of it. Her philosophy, which I believe is the foundation of vocational rehabilitation, is found in a statement she was fond of repeating. "Of the three great virtues, Faith, Hope and Charity; the greatest of these is Hope." To my mind this one word "hope" is the embodiment of the VR program, for without hope, there is only despair, and hope is what VR counselors bring to persons with disabilities. I feel privileged to have worked with many people who have shaped the history and foundation of the State-Federal program. Adrian Levy, NY State, Charles Eby, Pennsylvania State VR, Henry Viscardi, Human Resources of Long Island, NY, Howard Rusk, M.D., New York University Research & Training Center and my fellow Regional Commissioners.

Having served as Regional Commissioner in three Federal regions I have found the spirit of hope growing and developing not only among providers of services, but also among people with disabilities, and it is this spirit which will keep the State-Federal program growing into the 21st century.

Anthony Desimone, Ph.D.
Rehabilitation Consultant, Former Regional Commissioner, RSA
(New York, Seattle, and San Francisco)

In 1965 when Mary Switzer needed an experienced and energetic professional to take the lead in implementing a major section of the expanded VR Act recently signed by the President, she selected Henry Redkey. It was a wise choice on Ms. Switzer's part. Redkey recruited his new staff from various government and private agencies throughout the U.S. and put them to work, assigned deadlines, supervised their training, and made certain that the regulations and procedures they drafted were realistic and of top quality.

I had the pleasure of joining the Washington, D.C. office headed by Mary Switzer after 15 years with the National Easter Seal Society in Chicago, Illinois where I had just published my study entitled, "Contract Procurement Practices of Sheltered Workshops." My first responsibility at RSA was the development of the Facility Improvement Grant Program. On reflection it was a relatively modest grant program when compared with other innovative elements of the 1965 VR Act Amendments, but nevertheless, it was successful and achieved dramatic results. Through this new program and related grant programs, rehabilitation centers, treatment centers, sheltered workshops and other rehabilitation facilities were built, additional staffs hired and needed equipment purchased. These events clearly resulted in much needed services and the growth of the rehabilitation facilities movement in the U.S.

Michael Dolnick
Former Director, Rehabilitation Facilities Section,
Rehabilitation Services Administration (RSA)

With any luck, Vocational Rehabilitation in the year 2015 will differ little from what it was in 1994. Services will be directed to special populations. They will be defined and developed by individualized rehabilitation plans. Placement of clients in the job market will be the central goal. Effectiveness will be measured not only by outcomes, but by checkpoints along the rehabilitation continuum.

Changes will be influenced by the increasing importance of disabled individuals in the labor market, due to a proportionate shrinking of the working-age population, and the influence of new technologies and accessibility in widening job opportunities for persons with disabilities.

In research, there will be less emphasis on rehabilitation systems and more emphasis on restorative and rehabilitation techniques. In training, immediate access by counselors to information, probably through avenues unknown to us at present, will be increasingly important and as with clients, continual updating of training plans will be essential.

Circumstances will obviously change, but vocational rehabilitation will continue to deliver services effectively and efficiently.

George A. Engstrom
Former Director of Research Utilization
National Institute of Disability & Rehabilitation Research (NIDRR)

Vocational Rehabilitation, as a fully acknowledged professional discipline, with its own specialized body of knowledge, and a sound philosophy, is well-positioned to continue to play a vital role in the human service arena in the 21st century. This assumes that it keeps abreast of the rapid pace of technological innovations and other scientific developments emerging in the next century.

In this volatile milieu, vocational rehabilitation will need to adapt its body of knowledge to be more compatible with the precision of the computer literate society. Hard data of the vocational rehabilitation discipline will readily lend itself to conversion. However, soft data— the art of rehabilitation— will be taxed severely in this process. Nevertheless, the entire transformation process will serve as a purifying examination of the field and thus, will further strengthen the subscience of vocational rehabilitation.

Another trend that could stifle the expected progress of vocational rehabilitation is the assignment of "professional administrators to manage and direct rehabilitation programs and services.

With the new emphases on cost-containment, accountability, marketing, and litigation, the era of the M.B.A. type of manager is becoming more prevalent. Rehabilitation, to minimize or overcome this trend should consider preparing its own professional managers. That is to say the individual who can combine the skills of rehabilitation and also the managerial skills of the M.B.A. specialist.

The locale of vocational rehabilitation will be significantly broadened to include a more substantial part of the marketplace as well as society as a whole. For instance, with the Americans with Disabilities Act (ADA) and other relevant legislation, business, industry, labor unions, schools and colleges, and public and private social agencies will all be a part of VR's enlarged target. The very nature and diversity of this large audience will significantly change and add to the body of knowledge of rehabilitation. These changes will also affect VR's philosophy as its framework must incorporate new configurations of ideas, concepts and values.

These are a few of the challenges facing vocational rehabilitation as it takes its place as a leading profession in the human service area of the 21st century. Despite the obstacles, VR will be strengthened by these new challenges and continue to be an essential part of the human service community.

Thomas J. Fleming
Former National Director
Projects With Industry (PWI) RSA

The state-federal rehabilitation program put in place the building blocks that will prepare us for the 21st century. These fundamental segments include: the basic VR program, the single State agency, exclusion from the block grant principle, the facility movement, the training of rehabilitation personnel, research and demonstration, the international rehabilitation program, independent living, Projects With Industry, competitive employment goals, supported employment, assistive technology, and corporate disability management enhanced by ADA. Over the years the legislative experts had crafted a well-balanced law that authorized not only Title I (of the VR Act), but also other complimentary Titles that provided "special projects" and a wide range of essential and supplementary services.

During the next several decades these public and private rehabilitation resources will remove any remaining elements of dependency or paternalism, and will make available for persons with a significant disability an array of services that emphasize independence, inclusion, empowerment and choice. These are the concepts that permeate new legislation, new amendments, and the new leadership that are preparing vocational rehabilitation for the 21st Century.

Wesley Geigel
Former Associate Commissioner
Office of Program Development, RSA

I have been privileged to have had a part in the rehabilitation movement in the United States for over half a century. During that time there have been a number of outstanding developments, three of which I was directly associated with Mary Switzer and under her direction.

The first of these early landmarks was the placing of the VR program on a permanent legislative base. When initially enacted, the enabling legislation set the program in motion with time limits which made long-range planning very difficult. It was not until the 1930s, more than ten years after the establishment of the VR Act, and its incorporation into the Social Security Act legislation, that the rehabilitation program was given permanent legislative authority permitting long-range planning to go forward.

The second of these landmarks came in 1954 when the rehabilitation program was authorized to develop and fund research efforts. There were virtually no limits on the kinds of organizations that could undertake research or the fields of research that could be explored, provided the research enhanced the rehabilitation movement. Many organizations that had never worked with people with disabilities before, became part of the rehabilitation effort and contributed to its growth and effort. Among other things, the "team approach" to solving rehabilitation problems grew out of the bringing together of so many agencies with diverse disciplines. Mary Switzer had a primary role, along with Dr. Howard Rusk in securing the enactment of the 1954 amendments.

The third of the early landmarks was the authorization of the rehabilitation program to conduct research overseas utilizing funds generated under the Public Law 480 program. the P.L. 480 program provided for the sale of agricultural products to certain foreign countries, the payment for which was made in the local currency of the receiving country. Most of these funds were retained by the recipient countries for use in improving their food production. However, a portion of these funds was given to the U.S. for paying local expenses of the American embassies for use by certain U.S. agencies in conducting research with agencies in the recipient countries. The rehabilitation agency (VRA) was given authority to work with foreign rehabilitation agencies in exploring problems of mutual concern as it affected persons with disabilities. This enabled the RSA, for the first time, to tap the various overseas resources with outstanding results. For example, one of the cooperative research projects was conducted by Dr. Marion Weiss, a Polish orthopedic surgeon, who explored and developed techniques for applying the fitting of a prosthetic device immediately after amputation. This innovation greatly reduced the time and costs of hospitalization of the amputee. The result of this project done in Poland is now used throughout the world. Many other worthwhile results came from the research projects generated and funded with the P.L. 480 Local Currency Fund.

The rehabilitation program has shown the way to bring about greater functional capacity to many people with disabilities. With the increasing number of people in the U.S. being disabled each year, particularly among the older population, it is essential that the rehabilitation program be expanded and funded to work with this ever-growing population.

Joseph M. La Rocca
Former Director, International Rehabilitation Programs
Vocational Rehabilitation Administration
(now known as RSA)

In the 1950s, a relatively modest number of persons with disabilities were served in rehabilitation facilities. Today, several thousand facilities serve a wide variety of individuals who are in need of specialized programs.

A brief overview indicates the widespread changes that have occurred during comparatively recent years. in 1959, the National Association of Sheltered Workshops and Homebound Programs (NASWHP) held a meeting in Boston in conjunction with the annual meeting of the National Rehabilitation Association (NRA). Approximately seventy persons attended the evening meeting of the workshop association. A short time later NASWHP established a national office in Washington, D.C., and hired its first full-time executive director. Within a relatively short period of time developments led to the establishment of a wide variety of facilities serving numerous individuals. Several State VR agencies set up vocationally-oriented centers that served predominantly clients of the State rehabilitation agency. Early State rehabilitation centers included the Georgia Rehabilitation Center in Warm Springs, the Woodrow Wilson Center in Fishersville, Virginia, the Pennsylvania Rehabilitation Center in Johnstown, Pennsylvania,the Hot Springs Center in Arkansas, and the Evaluation Center in Des Moines, Iowa.

The emphasis on rehabilitation facilities was reflected in the establishment of a Division of Rehabilitation Facilities within the Federal Office of Vocational Rehabilitation (now RSA) in Washington, D.C. At one time, each State rehabilitation agency had one or more rehabilitation facilities specialist to assist in the development of programs to meet the needs of persons with disabilities.

The Rehabilitation Services Administration (RSA) played a major role in financially supporting the development of standards for rehabilitation facilities, the accreditation organization that implemented the standards, training grants, demonstration grants, and research grants. The accreditation body is known as the Commission on Accreditation of Rehabilitation Facilities (CARF). As of September 1994, 9,451 programs in 4,101 facilities have been accredited.

Without a doubt, rehabilitation facilities have made great strides during the past 35 years, and numerous persons with disabilities have been served in facilities where new ideas and practices are continually being introduced.

I was happy to have been a part of this facility movement as rehabilitation was in its developmental state. There is still much to be done, and I feel optimistic that the new century will bring with it new innovations to assist people with their independence.

Willman A. Massie
Former staff, Division of Rehabilitation Facilities
RSA, and Former Executive Secretary, National
Advisory Council on Vocational Rehabilitation (RSA)

As we close this century and reflect on future generations that will populate the United States during the 21st century, we realize that many changes will take place within our personal, social and working lives. A number of these changes will relate to programs and services in the field of vocational rehabilitation.

We recognize that vocational rehabilitation today is much different than what we knew in the early 1900s, resulting mainly from two world wars and those who were injured or became ill during the years of conflict. Much emphasis was placed on returning the disabled veteran to his employer, if possible, or to provide training or retraining for future employment.

Having seen some of the benefits provided to disabled veterans, a strong demand was made by parents and rehabilitation advocates to provide services to non-veterans who were disabled from such causes as polio, tuberculosis, birth defects or trauma from the mines, mills or other employment settings. With this new thrust on providing better and more comprehensive services, greater emphasis was placed on more specialized training, new surgical procedures, and sophisticated engineering to offer functional aids and devices to persons with multi-handicaps, such as home care and independent living programs.

Legislation was passed that provided for more services and research and demonstration programs, both domestic and international. The latter was stimulated using special foreign currency and dollar support during those years. While legislative measures were enacted by Federal and State governments initially to returning combat veterans the emphasis shifted to include men, women and children from the civilian sector. This included younger and older persons with different handicaps and was supported in large measure by volunteer groups representing, for example, cerebral palsy, muscular dystrophy, and mental retardation, to mention a few.

As the last few years of this century draws to a close we begin to realize some of the social and economic changes taking place and the potential impact these changes will have on our way of life in the years to come. The daily headlines and TV special programs repeat constantly our national and world problems include: the population explosion, world hunger, environmental pollution, ethnic cleansing, increased crime and violence, drug and alcohol addiction as well as disabilities resulting from AIDS and mental illness. We can easily see how these factors will be affecting our social and economic structure and our own personal lives, and that we need to seek answers in the areas of prevention as well as rehabilitation.

To focus on some of the increasing problems in our country we must recognize a few key demographic changes taking place, such as an increasingly older population (a 12% increase n the

65+ population projected between 1990 and 2000, based on 1990 census figures), a greater proportion of women over men, an increasing number of Spanish-speaking persons. Other social and economic changes will include downsizing within industry, business and government, and a greater demand for more skilled and specialty-trained employees.

A greater challenge will confront those in the field of rehabilitation with the need for more in the way of the "team approach," an additional emphasis on specialization in the fields of medicine, social and behavioral sciences and engineering. In addition, there is expected to be more of a need for specialists in the legal and environmental professions as well as in health prevention areas and communications. We can look for a greater emphasis on institutional care, including prisons and special facilities for those with addictions and those incarcerated following second convictions. The experts in many disciplines will need to begin to communicate and plan for the multivariate needs that await us in the century that is almost here.

Martin E. McCavitt, Ed.D.
Special Consultant, World Rehabilitation Fund
Formerly Special Assistant, International Affairs
National Institute on Handicapped Research
U.S. Department of Education

In a relatively new discipline such as we have chosen to label "Rehabilitation" it is appropriate that we should accept each available opportunity to reflect on where we have been, where we are currently, and speculate on where we might be going. With the publication of Switzer Monograph #18, we have another such opportunity. In any facet of a rapidly changing psycho-social development where interfacing with established activities and with many that are also developing, the people who are or have been central to the making of decisions that define us are most important. Crucial legislation has marked the routes we have travelled, but again, the people, their dreams, their values, their capacities to influence lawmakers, and their abilities to translate laws into programs of action have been central to shaping rehabilitation as a discipline. The names of those men and women will be featured here.

In the years immediately following World War I when gratitude to the veterans who came home from that war ran high, no great difficulty was experienced in getting Congress to provide for the vocational rehabilitation of disabled veterans (Public Law 16). The operations under that law proved to be so popular that even a conservative Congress could be persuaded to approve of a program of similar services for non-veterans. The Civilian Rehabilitation Act was passed in 1920 and carried an appropriation of $1,034,000. That was a modest amount, but during the first year's operation, less than one-half of the appropriation was used as the States were not organized to apply the law. However, such names as John Kratz, Tracey Copp, Mark Walter, R.M. Little, John Lee, Oscar Sullivan, and Mary Baker began showing up on reports and on the lists of persons called by congressional committees where they they lobbied for better financing and planning for rehabilitation programs nationwide.

In 1935 the vocational rehabilitation appropriation of $1,938,000 was added to the Social Security Act of that year. By 1940 special vocational rehabilitation funds were being provided by the Congress. Later, the Office of Vocational Rehabilitation (OVR) was established with Mary E. Switzer as Director (1951). Prior to that time E.B. Whitten had been installed as Executive Director of the National Rehabilitation Association (NRA). He and Switzer made an excellent and effective team in presenting and defending the vocational rehabilitation program to the Congress and the public.

Through the 1950s many of the features of the program as we know it today were established, e.g., research grants, stipends for students training to become rehabilitation counselors, funds for cooperation with non-public agencies, expansion of eligible populations, etc. Appropriations are currently well over a billion dollars per year. Support was usually close to unanimous in the Congress, and it has long been considered one of our most successful social programs.

Rehabilitation as a private practice is found in many jurisdictions. This is likely to expand as the economics of private practice are established. If the current right-leaning mood of the electorate continues, with the election of more conservative members of Congress, the discipline of rehabilitation might have to be defended all over again. If balancing the Federal budget moves to the top of the agenda for more and more members of Congress, many programs that have been regarded as untouchable will receive additional scrutiny. Pushing publically supported activities over into the "private sector" will look attractive to those who insist that balancing the budget or reducing the deficit is of major importance. Private practice, having been proven to be feasible could look very inviting. The National Rehabilitation Association should be ready to defend the gains that were made and successfully demonstrated since 1940.

It is probable that many of the battles that NRA fought at the Federal level to establish the rights of disabled people will shift to the State level; a popular ploy to reduce the Federal deficits can be via moving the program burdens down to the States and challenging them to greater responsibility. Considerable "rehabilitation statesmanship" will probably be necessary to defend the rehabilitation discipline, its support and "quality" services in the next two decades. New names will have to be found to take the places of those of Switzer and Whitten, et al., to ensure a new roster of effective leadership in the field of rehabilitation.

C. Esco Obermann, Ph.D.
Professor Emeritus, University of Iowa
President, NRA, 1961-1962

As a member of the Switzer staff one recalls that, at the inception of the current era in vocational rehabilitation, leaders provided enlightenment, professionalism and accountability. The Switzer team was unique in its understanding and commitment to client-centered, comprehensive, individualized, interdisciplinary and systematic rehabilitation.

The single goal was to help individuals with disabilities to obtain and retain suitable employment. Congress consistently favored the program with substantial increases in funds; in 1965 alone, the VR program expanded from $100 million to $300 million.

The State-Federal partnership was fostered and nurtured during this period. Switzer convened the State VR Directors and led national meetings of State and Federal specialists in fiscal/statistical operations, public information activities, staff development matters and client services issues. State Directors ultimately affiliated through the National Rehabilitation Association (NRA) and later formed the Council of State Administrators of Vocational Rehabilitation (CSAVR) with a full-time executive director. This arrangement was highly effective for the program and people served and rehabilitated.

The Switzer years were pivotal for the State-Federal program. The concepts and strategies implemented provide flexibility in administration at the state level, established sole state agency and organizational unit requirements, and solidified the full-time commitment of State VR director and staff to vocational rehabilitation matters. The provision that nobody outside the agency could interdict the direct line between the State director and the rehabilitation counselor in the determination of eligibility for services sustained the integrity of the program during some turbulent years. Although terminology has changed in the past 25 years, the basic program requirements remain intact.

The Switzer team established a multifaceted training program for rehabilitation professionals; implemented an operations research and demonstration program to improve rehabilitation; and organized an effective international research effort using agriculture surplus funds in selected foreign countries.

Thoughtful observers agree that Mary Switzer led the golden years in vocational rehabilitation. Will the glow continue? Will the foundational principles and organizational building blocks withstand the challenge of change? Time will tell. Stick around for the excitement!

Dr. Ralph N. Pacinelli
Regional Commissioner
Rehabilitation Services Administration
Philadelphia, PA

I began in vocational rehabilitation in 1937...there was no training for rehabilitation counselors then so I qualified as being in a "related field," social work administration. Fortunately I learned from a great state director, Claude Andrews, a wise man with infinite patience and compassion for people with disabilities whom we served.

My district was 500 miles long covering 33 Florida counties. Crude aptitude tests were administered on the running board of my car (anyone remember when cars had running boards?). We were limited to vocational training and placement and prostheses, the latter often delivered by mail from Atlanta, Georgia. There were no rehabilitation centers then, nor any training in the use of prostheses. Closure of a case required six months success on the job.

If this all sounds too primitive let me say that we did place a lot of persons with disabilities into good jobs. I recall in one year alone I had 100 successful cases closed as rehabilitated.

World War II brought many changes and it brought me together with a remarkable Lt. Colonel in the Air Force, Dr. Howard Rusk. We would be associated with U.S. Army rehabilitation, the Veterans Administration (VA), rehabilitation centers, and finally with Mary Switzer in the greatest revolution rehabilitation has seen before or since.

Switzer, a really great American, took a rather staid VR program and opened it to a whole new range of services, research and professional training, not only for rehabilitation counselors, but other professions soon to be allied in a comprehensive rehabilitation approach. How did she do it? First, she had a vision; she reached out to new ideas, and not to be overlooked, she had an uncanny way for getting along with other government officials, particularly, U.S. Presidents and the Congress.

While on her staff I had the opportunity to advance what we had learned earlier in VR, and the war. Rehabilitation facilities became my landmark as we worked for coordinated services in the medical, social, psychological and vocational areas often best found in rehabilitation centers.

After a stint at the rehabilitation of drug addicts for the National Institute of Mental Health (NIMH) in Washington, D.C., and teaching at the University of Wisconsin at Stout, I am now retired high on a bluff in Port Townsend, Washington, and at 87 not well positioned to say what the future of rehabilitation should be. It will obviously be more sophisticated, more difficult and involve more interagency cooperation, but it must never lose its dedication to people with disabilities that it is supposed to serve. Not legislation, not money, not professional careers, only people make it all worthwhile. I think Claude Andrews, Howard Rusk and our beloved Mary Switzer would agree.

Henry Redkey
Former Chief
Division of Rehabilitation Facilities
Rehabilitation Services Administration

June 20, 1995 marks the 75th Anniversary of the Federal-State program of Rehabilitation Services in this country. Through the years there has been continuous growth in the numbers served and the range of programs made available to them. Legislation was passed unanimously in both houses of Congress for over 50 years, and still receives a large majority of support from contemporary legislators.

Much of the social legislation of the past several decades uses the Rehabilitation Act as a model for their particular programs. Some of the highlights receiving such adoption include:

- Individualized services based on needs and resources, a plan co-signed by counselor and client (IWRP-Individualized Written Rehabilitation Plan).
- Authority and resources to provide research into new, medical and technological findings and their inclusion into appropriate services.
- Authority and resources to provide professional training to enable the services to be rendered in quality performance.

- Authority and resources for consumers to establish organizations to assist individuals to live independently and assume responsibility for participation in family and community life.

- Non-discrimination in employment and services by all Federal departments and agencies.

- Job placement based on qualifications, not quotas.

- All States required to have grievance procedures in order to receive formula grants, according to State Plans.

Following my work experience as a rehabilitation counselor and supervisor at a major community rehabilitation facility and hospital I joined the Region II, RSA staff. Through some 20+ years I was responsible for the review, recommendations and monitoring of all discretionary grants available under the Rehabilitation Act.

Some of the special assignments that I recall include the following:

- As President of the Metropolitan Chapter of NRA in New York City, I was the conference coordinator for the National NRA Conference at the Waldorf Astoria Hotel. Close to 3000 people attended the 200 workshops, 20 special events and 100 exhibits. Orin Lehman chaired the program, Mary Switzer and Senator Jacob Javits were the keynote speakers.

- With Kay Arneson, RSA Legislative Director, initiated and participated in the Switzer Memorial Seminar on "Women and Rehabilitation".

- During the International Year for Disabled (IYDP), I had the pleasure of representing all 10 Regional Offices on the National IYDP Committee, and participated in special meetings in Washington, D.C., at the United Nations, both in New York City and Vienna, Austria.

- Represented RSA on the Department of Interior's subcommittee on Access-Ability as they underwent the renovations of the Statue of Liberty and Ellis Island.

As the rehabilitation community moves ahead into the 21st Century, a number of questions emerge with reference to meeting the needs of individuals with disabilities. Some of these questions and issues beginning to surface include:

- Changing labor market reports predict that many jobs will be performed at home, with sophisticated and specialized equipment. How many of our constituents will this effect in a positive and constructive way?

- With improved and affordable technology, activities of daily living will be enhanced to offer home shopping, banking, entertainment, etc. Interactive TV will make it possible to visit friends, families, physicians, clergy, and classrooms. Will these opportunities lead to social isolation or enrichment of life styles, or both?

- Will the Aging of America call for assistance to lifelong and long-term consumers? Retirement activities, estate planning, independent living in senior communities, and accessibility issues will require additional skills and sensitivities. Newly disabled seniors will need assistance from peers in their age group.

- Will genetic research and counseling lead to any sizable reduction in the number of children born with congenital anomalies? Will family counseling be an increased responsibility for those who wish to enhance their families, with this type of information made available to them.

While there are of course many other questions that remain to be asked, this short list serves as a reminder that there is much to be done as rehabilitation prepares to enter a new century. See you at the Centennial.

Thelma Schmones
Former Special Assistant for Constituent Relations
RSA Region II Office, New York City

There are very good and valid bases for the idealizing the atmosphere in which we worked in Vocational Rehabilitation in the Fifties and Sixties under Mary Switzer's leadership. In the Federal office we were invited to think, to stretch our minds to think up programs or ways to help individuals with physical or mental disabilities. It reminded me of a long planting season for the seedlings of new ideas.

The bureaucracy was less encumbered, and less barnacled in those busy and productive years. Upper echelon officials in the Federal establishment were approachable and often receptive, and it was feasible to sell a good idea for some new effort. Risk taking was implicit and recognized as potentially worthwhile, not something to be feared. The ideal of a three-way partnership among the State rehabilitation programs, the growing private sector and the Federal agency (RSA).

In the seventies, horizons began to close in and certainly at the Federal level, the focus necessarily turned to concentrating on the pragmatic administrative necessities of putting the ideas into practice in both vocational rehabilitation and independent living.

It was so lucky that Mary Switzer linked up in precisely the years of the Fifties and Sixties. She had a really impressive array of personal skills, technical, bureaucratic, conceptual and analytical, as well as strong personal values, all of which taken together, were almost surprisingly well-suited to the task.

The task was to find and use ways of energizing the forces needed to take Rehabilitation forward, up and out of its rather sleepy backwater existence. True, the times were ripe for this in a number of ways. Nonetheless, Mary Switzer is rightly credited with giving the times a hearty assist or push, if you will. The growth spurt in Rehabilitation might well have happened and most probably would have come, had Mary Switzer not been on the scene, but it would very likely have taken far longer.

Miriam Stubbs
Former Director, Policy & Planning Staff
Rehabilitation Services Administration

Some distinguished Scholars and NRA Members. (L-R) NRA President and Assistant Regional Director, VRS, North Carolina, Tommy Allen; NRA Past President and Director Research & T Center, University of Wisconsin-Stout, Dan McAlees; Switzer Committee Chairman, also NRA Past President, Carl Hansen; from RSA, D.C., Ruth Royall-Hill; and NRCA President Elect Jack Hackett.

RRCEP Director from George Washington University, Donald Dew makes a point while Nell Carney, Executive Director, DRS, Mississippi listens.

Phil Kosak, V.P. Carolina Fine Snacks chatting with Patricia Morrissey, Staff Director, U. S. Senate Subcommittee on Disability Policy, during a seminar break.

Scholars Dan McAlees, Yvonne Johnson, Director, DVR, Georgia, and Kenneth Tregenza, Jr., of General Motors Corporation, listen attentively as one of the "action papers" is presented.

Scholars Jennie Joe, Director Native American R&T Center, University of Arizona, RRCEP Director, George Washington University, Donald Dew, Director R& T Center, University of Wisconsin-Stout, and Tommy Allen, NRA President and Assistant Regional Director, VRS, North Carolina, take time to discuss one of the "action papers" in a more informal setting.

D.C. RSA Administrator, Ruth Royall-Hill, responds to a question, as Paul Spooner, Executive Director Metro West Center for Independent Living, Massachusetts looks on.

General Motors' Ken Tregneza, Jr., and Judy Norman-Nunnery, DVR, Wisconsin, pay close attention as papers are discussed.

Patricia Morrissey, delivers her paper, flanked by (L-R) Carl Hansen, Switzer Seminar Chairman, Len Perlman, Switzer Seminar Coordinator, and Jack Hackett, NRCA President Elect.

The Experiment: A Mini Switzer Seminar

Barbara Greenstein

For a long time before I became a Switzer Scholar in 1993, I had heard that it is the highlight of a professional career. It is also said that you remain a Scholar "for life". After participating in the Seminar, I was anxious to find a way to keep alive the mental stimulation that accompanies participation. The thought came to me that a small group of professionals could gather together to discuss the Issues Papers, and prepare a short summary of our conclusions.

The resulting seminar was held at my home on October 23, 1994. There were four participants: Kenneth Berg, M.D., Valerie Ellien, Ph.D., Jackie Wilson, and myself. A total of eight people had been invited, but scheduling conflicts prevented the others from attending. We later agreed that a group of six panelists would have been ideal. Each of us read the 1994 Issues Papers in preparation for our meeting.

Originally, a full day of discussion was planned, modeled on the regular Switzer Seminar in Washington. The plan was to discuss each paper individually, and then conduct a summary discussion to identify the critical issues that emerged. This quickly proved to be an inappropriate format for such a small group; also, we did not have the authors available to expand on their written papers. We therefore spent our time discussing the overall issues that we perceived.

Following are some of the high points of our discussion:

1. Rehabilitation education is not keeping pace with the work that rehabilitation professionals are doing out in the community. In addition to working in public and private rehabilitation agencies, we are working in business and industry, private practices that do not necessarily serve only disabled clients, in schools, and with groups of disabled people not previously served (examples would be AIDS patients and deinstitutionalized chronic psychiatric patients).
2. Involvement of the family of the disabled person is an important key to success of a rehabilitation effort.
3. Rehabilitation programs need to take into account the individual's needs, but still remain within the realm of common sense: just as a college degree is not an appropriate goal for every high school student, a job in competitive industry may not be right for every rehabilitation client.
4. There is a great deal of politics involved in the structure of rehabilitation programs, particularly in the funding, and this has the effect of "freezing" programs in the past, rather than allowing them to evolve in response to new market forces.
5. There is a lot of competition for scarce resources, and some creative individuals and agencies are looking for non-traditional funding for their programs.
6. New needs are developing for the skills of rehabilitation professionals: working with displaced workers to find new opportunities in today's job market, providing Employee Assistance Programs for working disabled people who require some supports, and working with young people who are having difficulty finding a place in the increasingly complex work world.
7. There is a re-emergence of the sense of community in employment-related services, where potential employees and employers connect through agencies in the community.

Some of the above comments emerged in a telephone discussion with Diane Neville, who had prepared for the Seminar, but was unable to attend. We also noted that the consumer of rehabilitation service is the individual with a disability, but the consumer of rehabilitation education is the rehabilitation professional. The blurring of this distinction has limited the growth opportunities for rehabilitation professionals.

At the end of our discussions, all participants agreed that it was an excellent experience, and that we would like to do it again in the future. We also agreed that having the opportunity to have our comments published in the *Monograph* was a motivating factor to give the effort needed for such a discussion. Alternatively, such comments might be considered for publication in the *Journal of Rehabilitation*. Wonderful ideas are generated in a forum such as the Switzer Seminar, and expanding its impact into small local groups seems to be a simple way to network the ideas right into our daily practice.

Personally, I would like to continue being a "Switzer Scholar for Life", and to participate in another seminar next year. I would recommend the experience to any committed rehabilitation professional. I would recommend that other groups assemble themselves and plan Mini Seminars of their own. Our clients will thank us for the new level of enthusiasm this will help us bring to our jobs.

Barbara Greenstein, CRC, CIRS, Social Security Specialist, UNUM Life Insurance Company, Tarrytown, New York. (1993 Switzer Scholar)

National Rehabilitation Association

Officers

Tommy Allen
President
Clemmons, North Carolina

Doug Seiler
President-Elect
Holland, Michigan

Spencer Mosley
Past President
Green Bay, Wisconsin

Jerry Bensman
Treasurer
Atlanta, Georgia

Board Members at-Large

Susan G. Sherman
Atlanta, Georgia

Yvonne Johnson
Atlanta, Georgia

David Price
Lansing, Michigan

Willie Horne
Jackson, Mississippi

Barbara J. Jaeger
Austin, Texas

C. Odell Tyndall
Goldsboro, North Carolina

Regional Representatives

Great Lakes
Bettie McCleary
Brookfield, Illinois

Pacific
Flo Curnutt
San Jose, California

Great Plains
Paula Nickenson
Fulton, Missouri

Mid-Atlantic
Chuck Smolkin
Baltimore, Maryland

Northeast
June Kalipolites
Concord, Maine

Southeast
Susan Weese
Louisville, Kentucky

Southwest
Charles Tapp
Hot Springs, Arkansas

Division Representatives

Nantional Association of Multicultural Rehabilitation Concerns

Thomas C. Bridges
Detroit, Michigan

National Association of Rehabilitation Instructors

Faye Fears
Amory, Mississippi

National Association of Rehabilitation Secretaries

Patricia Briggs
Ft. Washington, Maryland

National Rehabilitation Counseling Association

Faith S. Kirk
Rockville, Maryland

Vocational Evaluation and Work Adjustment Association

JoAnn Nunnelly
Denton, Texas

National Association of Job Placement Development

Frank Strong
Sioux Falls, South Dakota

National Association of Service Providers in Private Rehabilitation

John Lui
Bedford, New Hampshire

National Association for Independent Living

Paul Spooner
Framingham, Massachusetts

National Rehabilitation Administration Association

Kathy Williams
Frankfort, Kentucky

Council Representatives

Council of Division Presidents

Mary Linn
Little Rock, Arkansas

Council of Chapter Presidents

Brian Fitzgibbons
Teneck, New Jersey

National Staff

Ann Ward Tourigny, Ph.D., CAE
Executive Director

Michelle A. Highley
Director of Admin. & Membership

Ronald J. Acquavita
Director of Communications

Thomas G. Stewart
Director of Governmental Affairs

Mary E. Switzer 1900-1971

Few people realize that Mary E. Switzer had a satisfying and fully successful career in federal government employment that spanned several decades prior to her formal entry into the field of rehabilitation. She was fifty years old when she became director of the Office of Vocational Rehabilitation in 1950, and she brought to the position a superior intellect and ability. Her many talents and experiences in economics, the legislative process, government administration, health, welfare and public education were only a few of the composite assets brought with her. She entered the movement at a crucial point in its evolution. It was a time in which difficult decisions had to be made between maintaining the status quo or moving to a larger and unknown future, but with increased opportunity to serve tens of thousands of people with disabilities yet in need.

Following a life pattern in support of increased services to people with a more responsive and humanitarian government to changing human needs, she readily committed herself to the less certain but more hopefully expanded future for rehabilitation. The rest is history. The breadth and humanity of Mary Switzer are stamped forever on the passage of Public Law 565 with its research and demonstration features, its concern for rehabilitation education, its mandate to construct necessary rehabilitation facilities, its totally new characteristic of international efforts and cooperation regarding rehabilitation, and perhaps, above all, in its expanded funding base for more personnel and programs for those in need of rehabilitation services. In the years that followed, she went on to even greater legislative and governmental leadership heights on behalf of both disabled and disadvantaged people.

Despite the demands on the national and federal scene, her presence was almost ubiquitous on behalf of program development and extended services to needy people. On a regional, state or local level, be it public or voluntary services, if it were in the interest of rehabilitating those in need, somehow, she would "arrange to be there."

The *Who's Who* has chronicled her many national and international awards. Also recorded are her presidencies of many organizations including the National Rehabilitation Association, whose members and their efforts she held in high esteem. But she did not reach the heights of her ability when she was made the first Administrator of the Social Rehabilitation Services, nor when she retired from the position, nor when she became internationally involved in the World Rehabilitation Fund. Instead, she found her greatness when she touched each of us, bringing our full humanitarian efforts and qualities to the fore on behalf of disabled and disadvantaged people. While readily recognized as a truly great administrator in the classical sense, her true capacity and ability can only be appreciated when we realize that these accomplishments sprang from an inner expression of sensitivity, emotional refinement and dedication to serve all less fortunate people. Her egalitarian qualities were not contrived but spontaneous, stemming from love and respect for all living things.

All of us in the National Rehabilitation Association and in rehabilitation, and all people with disabilities, have had better, more meaningful and more productive lives because her presence and her being were sufficiently large to embrace and accept us as we are and help us better understand where we should be.

What more can be said than that we had the joy and privilege of knowing her?

E.B. Whitten,
Journal of Rehabilitation,
November/December, 1971.

Previous Monographs Also Available

Since the first annual Mary E. Switzer Memorial Seminar in 1976, the Switzer Monograph has illuminated the research and recommendations of prominent scholars within the field of rehabilitation. Switzer Monographs have proven themselves to be useful tools for administrators, practitioners, policy makers, legislators, researchers, education specialists and consumers. To order a particular issue or issues, simply duplicate this form and send it to the **National Rehabilitation Association, 633 South Washington Street, Alexandria, VA 22314,** along with your check or credit card information.

Please send me the following Monographs:

_____ #1 *Out of print.*
_____ #2 *Rehabilitation of the Older Blind Person: A Shared Responsibility*
_____ #3 *The Role of Vocational Rehabilitation in the 1980s: Serving Those with Invisible Handicaps*
_____ #4 *Rehabilitation of the Mentally Ill in the 1980s*
_____ #5 *International Aspects of Rehabilitation: Policy Guidelines for the 1980s*
_____ #6 *Women and Rehabilitation of Disabled Persons*
_____ #7 *Rehabilitation in the Public Mind: Strategies of Marketing*
_____ #8 *New Technologies and Rehabilitation in the Information Age*
_____ #9 *Social Influences in Rehabilitation Planning: Blueprint for the 21st Century*
_____ #10 *The Transition to Work and Independence for Youth with Disabilities*
_____ #11 *The Aging Workforce: Implications for Rehabilitation*
_____ #12 *The Rehabilitation of Persons with Long-Term Mental Illness in the 1990s*
_____ #13 *Technology and Employment of Persons with Disabilities*
_____ #14 *Employment and Disability: Trends and Issues for the 1990s*
_____ #15 *Aging, Disability and the Nation's Productivity*
_____ #16 *Rehabilitation Facilities: Preparing For The 21st Century*
_____ #17 *Private Sector Rehabilitation: Insurance, Trends & Issues for the 21st Century*

All previous available Monographs are $10.00

Name ______________________________
Address ______________________________
City, State & Zip ______________________________
Daytime Phone ______________________________

Send & Make checks payable to:

National Rehabilitation Association
633 South Washington Street
Alexandria, Virginia 22314
For information on bulk orders, call (703)836-0850
FAX (703) 836-0848, TDD (703) 836-0849.

Paying By Credit Card?

☐ MasterCard ☐ VISA

Total Amount ______________________________
Card No. ______________________________
Expiration Date: ______________________________
Signature ______________________________

Switzer Memorial Seminars

As a living tribute to the memory of Mary E. Switzer, each year a special topic of vital interest to the rehabilitation of persons with disabilities is explored in depth. One of the outcomes of each seminar is a *Swtizer Monograph* which clarifies the thinking in a given area of rehabilitation and sets goals and objectives for positive action. Those individuals invited to participate in the Seminar are designated as Switzer Scholars.

Mary E. Switzer Memorial Seminar and Monograph

To perpetuate the memory of a great woman and great leader in the field of rehabilitation by establishing a memorial that will expand and enrich services to persons with disabilities.